

The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

TRUSTEES

OF THE

BOSTON STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30,

1936

THE NINETY-SIXTH ANNUAL REPORT OF THE HOSPITAL
FOUNDED IN 1839 BY THE CITY OF BOSTON



PUBLICATION OF THIS DOCUMENT APPROVED BY THE COMMISSION ON ADMINISTRATION AND FINANCE
600. 10-'37. Order 130.

OCCUPATIONAL PRINTING PLANT
DEPARTMENT OF MENTAL DISEASES
GARDNER STATE HOSPITAL
EAST GARDNER, MASS.

BOSTON STATE HOSPITAL
(Post Office Address: Dorchester Center, Mass.)

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TRUSTEES' REPORT

To His Excellency the Governor and the Honorable Council:

The Trustees of the Boston State Hospital have the honor to submit herewith their twenty-eighth annual report covering the year ending November 30, 1936. The detailed operations of the year are shown in the reports of the Superintendent and Treasurer, which are appended.

PATIENTS IN THE CARE OF THE HOSPITAL

The number of patients in the hospital has continued to be very much in excess of the quota established for the institution, which is 2,295. The average daily number for the year has been 2,371.87, as compared with 2,309.28 for the preceding year. Because of a recent transfer to the Metropolitan State Hospital, the number at the end of the year was 2,335. Similar crowded conditions prevail at all the State Hospitals, so that there can be no permanent relief until more ward buildings in some hospitals are constructed. Meanwhile, there is an average increase in hospital population of from 400 to 500 patients, and we must face a continued and ever increasing congestion. This hospital has been designed to take care of the insane from the southern part of the Metropolitan district, but for some years only those with ten years' residence in Boston could be received, and that limit has now been increased to fifteen years. It is evident that the desire to have the patients within easy reach of their families for the purpose of visiting without undue expense is to a great extent defeated by this limitation.

FINANCIAL STATEMENT

The appropriation for maintenance for the past year was \$1,108,260.00, plus an amount of \$28,880.60 brought forward from 1935, making a total appropriation \$1,137,140.60. The expenditures amounted to \$1,064,843.75 giving a weekly cost per patient of \$8.578.

The estimate for maintenance for the coming year, based on a patient population of 2,315, is as follows:

Personal services	\$764,358.00
Travel, transportation and office expenses	10,745.00
Food	360,013.18
Clothing and materials	40,000.00
Religious instruction	2,080.00
Furnishings and household supplies	54,100.00
Medical and general care	31,510.00
Heat and other plant operation	128,220.24
Farm	6,580.00
Garage and grounds	9,150.00
Repairs, ordinary	32,593.00
Repairs and renewals	92,789.00

Total	\$1,532,138.42
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It is to be noted that recently the Department has modified the ration allowance, which it is hoped will make the dietaries more satisfactory. This allowance is based on the number of patients and has to be distributed over the whole population, including all the staff and employees.

CONSTRUCTION

The nine buildings erected by Federal aid through the Emergency Public Works Commission and involving an expense of \$1,484,820.22, have all been completed and equipped. The later project, involving a cost of \$66,712.80, for providing sprinklers for the institution is practically completed.

Twenty years ago it was proposed to develop this hospital to a capacity of 2,000 patients and to provide it with all the necessary service buildings. It has now reached the designated capacity but it is far from having all the requisite auxiliary buildings. Its most pressing needs are an auditorium and an adequate storehouse. There should also be an additional steam line so that a defect at any one point will not interfere with the distribution to the rest of the hospital. A long range programme would include other supplementary buildings, and for the sake of protection against fire should provide for the replacement of the stucco buildings which in spite of the sprinklers are a serious fire menace. With these additions the hospital would be in a position adequately to care for a larger number of patients if it should be decided to add ward buildings. If the needs of this district are to be met, either this hospital must be enlarged or another hospital constructed.

The fence, for which \$13,000 was appropriated in 1935, has been constructed, and the laundry equipment appropriation of \$1,500 in 1936 has been expended.

The appropriation of \$26,800 in 1935 for sprinklers was transferred by the legislature to the Emergency Public Works Commission and was used as a part of the cost of the sprinkler project referred to above.

The Federal Works Progress Administration has generously allotted the sum of \$723,000 for the work of grading, road-building and tree-planting on the hospital grounds, and the legislature appropriated \$30,000 to meet the cost of materials. By this undertaking the hospital grounds will be vastly improved and roads that were a pressing necessity have been built. It would have been many years before legislative appropriations could have been obtained and meanwhile access to our buildings would have been most inconvenient if not difficult. However large this improvement there will be, still, much to be done.

Another W.P.A. project was the painting of the East A building.

GENERAL

The general health of the hospital has been excellent throughout the year. Only a very few cases of contagious diseases developed. These were at once transferred to the Boston City Hospital, and there was no spread of the infection.

The hospital has continued its educational services to the medical profession by clinical lectures and by giving experience to internes.

By Chapter 130 of the Acts of 1936 the Trustees were relieved of the responsibility of passing on the mental condition of prisoners sent by the courts for observation or treatment, a responsibility which the Trustees were not competent to discharge. The only advantage of the old requirement was to give the prisoners an opportunity to protest against their return, but this has not been used in any case.

The Trustees desire to record their confidence in the Superintendent and other officers of the hospital and to express their appreciation of the faithful service which all are rendering.

HENRY LEFAVOUR

KATHERINE G. DEVINE

CHARLES B. FROTHINGHAM

EDNA W. DREYFUS

ALBERT EVANS

LEOPOLD M. GOULSTON

THOMAS F. FALLON

Trustees.

REPORT OF THE SUPERINTENDENT

To the Board of Trustees of the Boston State Hospital:

The following is a report of the activities of the hospital for the statistical year ending September 30, 1936, and the fiscal year ending November 30, 1936. Founded by the City of Boston in 1839, this marks the completion of its ninety-seventh year as a hospital for mental diseases, and the twenty-eighth year of its history as a State institution.

MOVEMENT OF POPULATION

The census of the hospital on September 30, 1935, was as follows: in the wards, men, 944, women, 1,339, total, 2,279; at home on visit, men, 111, women, 121, total, 232; boarding out, men, none, women, 13; and out on escape, women, none, men, 3; making a total of 2,527; 1,058 men and 1,469 women, in the custody of the hospital.

Four hundred and eighty-six men and 483 women, a total of 969, were received during the year. This included the following: first admissions as insane, men 300, women 306, total 606; readmissions as insane, men 33, women 59, total 92; first admissions, temporary care, men 98, women 52, total 150; readmissions, temporary care, men 34, women 35, total 69; and transferred from other institutions, men 21, women 31, total 52. Four hundred and eighteen, including 224 men and 194 women, were discharged during the year. Twelve men and 13 women, a total of 25, were transferred to other institutions. One hundred and eighty-nine men and 164 women, a total of 353, died during the year.

The census on September 30, 1936, was as follows: in the wards, men 995, women 1,414, total 2,409; at home on visit, men 124, women 153, total 277; boarding out, men 0, women 15; and out on escape, women 0, men 1; making a total of 2,702, 1,120 men and 1,582 women, in the custody of the hospital.

The total number of cases treated during the year was 3,496, 1,544 men and 1,952 women.

The average daily number of patients for the statistical year was as follows: men 1,091.91, women 1,540.56, total 2,632.46. The average daily number in the wards was: men 972.73, women 1,384.71, total 2,357.44, or 89.56% of the whole number. The average daily number at home on visit was, men 117.15, women 141.33, total 258.48, or 9.82%. The average daily number boarding out was, men 0, women 14.35, or .54%. The average daily number out on escape was, men 2.03, women .17, total 2.20, or .08%. The average daily number of committed cases was, men, 963.39, women 1,377.98, total 2,341.37, or 99.32% of the number in the wards. There were no voluntary cases during the year. The average daily number of emergency cases was, men 0, women .006, or .0002%. The average daily number of cases under complaint or indictment (Section 100) was, men 16.15, women .21, total 16.36, or .69%. The average daily number of cases acquitted of murder by reason of insanity (Section 101) was, women 0, men 1.00, or .04%. The average daily number of cases of insane prisoners under sentence (Section 104) was, women 0, men 3.17, or .14%. The average daily number of temporary care cases, all forms, was, men 9.33, women 6.73, total 16.06, or .68%. The average daily number of epileptics was, men 14.00, women 19.00, total 33.00, or 1.40%. The average daily number of tuberculous patients was, men 22.87, women 40.14, total 63.01, or 2.67%. The average daily number of reimbursing patients was, men 83.96, women 150.17, total 234.13, or 8.894%. The average daily number of cases supported by the State was, men 1,007.95, women 1,390.39, total 2,398.34, or 91.106%. The average daily number of ex-service cases on the books was, men 42.51, women 2.00, total 44.51, or 1.69% of the total number on the books. The average daily number of ex-service cases in the hospital was, men 34.96, women 2.00, total 36.96, or 1.56% of the total number of patients in the wards.

The recovery rate, based on the number of all first admissions (756), was 9.92% based on the total number cared for during the year (3,496), 2.15%; based on the average daily number in the wards (2,357.43), 3.18%; and based on the total number of admissions for the year (969), 7.74%.

The death rate, based on the total number cared for during the year, was 10.10%; and based on the average daily number in the wards, 14.98%. Inasmuch as over 35% of the population is of the infirmary type, and about 10% bed cases, the death rate at this institution is unusually large compared with similar hospitals. There are committed to the Boston State Hospital many acutely ill, senile, and infirm cases from the city that cannot readily be transported to a greater distance. It is obvious, for the same reason, that too much significance should not be attached to the recovery rate. In this connection, attention should be called to the fact that the first admissions for this year represent an average age on admission of 54.65 years.

Of the first admissions as insane, 289, or 47.69%, were foreign born, and 449, or 74.09%, were of foreign parentage on one or both sides. Sixty-six, or 10.90%, were aliens. Citizenship was unascertained in 120, or 19.60%. Of the 7,113 consecutive first admissions for the sixteen-year period ending September 30, 1936, 3,397, or 47.76%, were foreign born; 5,559, or 78.15%, were of foreign parentage on one or both sides; 1,157, or 16.24%, were aliens; and citizenship was unascertained in 866, or 12.18%.

The average age on admission was 54.64 years; 282, or 46.54%, were sixty years of age or over; and 173, or 28.55%, were seventy years of age or over. For the sixteen-year period ending September 30, 1936, the average age on admission was 53.03 years; 2,969, or 41.74%, were sixty years of age or over, and 1,665, or 23.41%, were seventy years of age or over.

The first admissions for the year, classified according to legal status, under Chapter 123 of the General Laws, were as follows:

	M.	F.	T.	%
Committed cases (Sec. 51)	193	195	388	64.02
Committed cases (R.C. 77)	1	2	3	.50
Committed cases (R.C. 100)	1	—	1	.16
Observation cases (Obs. 77)	14	10	24	3.96
Emergency cases (Sec. 78)	—	—	—	—
Temporary care cases (Sec. 79)	86	99	185	30.53
Persons under complaint or indictment (Obs. 100)	3	—	3	.50

Prisoners under sentence (Sec. 104)	2	-	2	33
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Total	300	306	606	100.00
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Of the 606 first admissions for the year, the cause was unascertained or no causes given in 111, or 18.31%. In the 495 cases where a definite cause was assigned, the etiological factors reported may be classified as follows: senility, 35, or 7.07%; arteriosclerosis, 234, or 47.27%; syphilis, 24, or 4.84%; alcoholism, 46, or 9.30%; involutional changes, 7, or 1.17%; and traumatism, 10, or 1.80%. There was a family history of mental diseases in 74, or 12.21%, mental defects in 5, or .82%, and nervous diseases in 16, or 2.76%, of the first admissions. Of the 7,113 first admissions to the hospital during the sixteen-year period ending September 30, 1936, the cause was unascertained or no cause given in 1,838, or 25.84%. In the 5,275 cases where a definite cause was assigned, the etiological factors are classified as follows: senility, 821, or 15.56%; arteriosclerosis, 1,803, or 34.18%; syphilis, 491, or 9.31%; alcoholism, 547, or 10.37%; involutional changes, 265, or 5.02%; and traumatism, 76, or 1.44%. There was a family history of mental diseases in 1,118, or 15.72%, mental defects in 116, or 1.63%, and nervous diseases, in 257, or 3.61%, of the first admissions during this period.

The forms of mental disease shown by the 606 first admissions for the year, briefly summarized, were as follows: psychoses with syphilitic meningo-encephalitis 26, or 4.29%; psychoses with other infectious diseases, 2, or .33%; alcoholic psychoses, 40, or 6.60%; psychoses due to drugs, 3, or .50%; traumatic psychoses, 3, or .50%; psychoses with cerebral arteriosclerosis, 238, or 39.27%; psychoses, with other disturbances of circulation, 3, or .50%; psychoses with convulsive disorders (epilepsy), 7, or 1.16%; senile psychoses, 34, or 5.60%; involutional psychoses, 4, or .66%; psychoses due to other metabolic diseases, 12, or 1.98%; psychoses due to new growth, 3, or .50%; psychoses with organic changes of the nervous system, 7, or 1.16%; psychoneuroses, 11, or 1.81%; manic-depressive psychoses, 115, or 18.97%; dementia praecox, 24, or 3.96%; paranoia and paranoid conditions, 35, or 5.77%; psychoses with psychopathic personality, 12, or 1.98%; psychoses with mental deficiency, 20, or 3.30%; and undiagnosed psychoses, 3, or .50%. Four, or .66%, were without psychosis. The psychoses of all first admissions are shown in Table 13, on page .

The forms of mental disease shown by the 7,113 first admissions for the sixteen-year period ending September 30, 1936, are summarized as follows: psychoses with syphilitic meningo-encephalitis, 464, or 6.52%; psychoses with other forms of syphilis, 35, or .49%; psychoses with epidemic encephalitis, none; psychoses with other infectious diseases, 23, or .32%; alcoholic psychoses, 460, or 6.47%; psychoses due to drugs, etc., 30, or .42%; traumatic psychoses, 33, or .46%; psychoses with cerebral arteriosclerosis, 1,966, or 27.64%; psychoses with other disturbances of circulation, 65, or .91%; psychoses with convulsive disorders (epilepsy), 75, or 1.05%; senile psychoses, 843, or 11.85%; involutional psychoses, 129, or 1.81%; psychoses due to other metabolic diseases, etc., 122, or 1.71%; psychoses due to new growth, 18, or .25%; psychoses with organic changes of the nervous system, 102, or 1.43%; psychoneuroses, 67, or .94%; manic-depressive psychoses, 1,201, or 16.88%; dementia praecox, 541, or 7.61%; paranoia and paranoid conditions, 436, or 6.13%; psychoses with psychopathic personality, 52, or .73%; psychoses with mental deficiency, 202, or 2.84%; and undiagnosed psychoses, 182, or 2.56%. Sixty-seven, or .94%, were without psychosis.

The forms of mental disease shown by the 92 readmissions for the year, committed as insane, were as follows: psychoses with syphilitic meningo-encephalitis, 5, or 5.44%; alcoholic psychoses, 4, or 4.35%; traumatic psychosis, 1, or 1.09%; psychoses with cerebral arteriosclerosis, 10, or 10.87%; psychoses with convulsive disorders (epilepsy), 3, or 3.26%; senile psychoses, 3, or 3.26%; involutional psychosis, 1, or 1.09%; psychoses due to other metabolic diseases, 2, or 2.18%; psychoneuroses, 2, or 2.18%; manic-depressive psychoses, 44, or 47.83%; dementia praecox, 5, or 5.44%; paranoia and paranoid conditions, 3, or 3.26%; psychoses with psychopathic personality, 2, or 2.18%; and psychoses with mental deficiency, 6, or 6.52%. One, or 1.09%, was without psychosis.

The total number of insane cases discharged during the year was 220. Of this number, 58, or 26.36%, were discharged as recovered; 122, or 55.48%, as improved; 35, or 15.91%, as unimproved; and 5, or 2.27%, as without psychosis.

The following is a study of the entire hospital residence in all hospitals for mental diseases, exclusive of all time out on visit, of the above 220 cases discharged during the year: 14, or 6.36%, were discharged after a residence of less than one month; 80, or 36.36%, after a residence of from one to six months, 46, or 20.91%, from six months to one year; 38, or 17.27%, from one to two years; 11, or 5.00%, from two to three years; 12, or 5.45%, from three to four years; 4, or 1.82%, from four to five years; 8, or 3.63%, from five to ten years; and 7, or 3.18%, ten years or over. The average duration of hospital residence was 1 year, 6 months, and 20 days.

Of the 332 deaths occurring during the year, 245, or 73.80%, represented cases dying at the age of sixty or over. In 160, or 48.19%, death occurred at the age of seventy or over. Of the 4,473 deaths occurring at the hospital during the sixteen-year period ending September 30, 1936, 3,117, or 69.24%, were cases dying at the age of sixty or over; and in 1,800, or 40.24%, death occurred at the age of seventy or over.

The principal causes of death during the year were as follows: tuberculosis of the respiratory system, 12, or 3.61%; cancer and other malignant tumors, 9, or 2.71%; general paralysis of the insane, 7, or 2.11%; diseases of the myocardium, 117, or 35.24%; arteriosclerosis, 74, or 22.30%; bronchopneumonia, 73, or 21.99%; lobar pneumonia, 5, or 1.51%; and nephritis, 3, or .90%.

The psychoses represented by deaths occurring in the hospital during the year were as follows: psychoses with syphilitic meningo-encephalitis, 20, or 6.02%; alcoholic psychoses, 10, or 3.01%; psychoses with cerebral arteriosclerosis, 177, or 53.31%; psychoses with other disturbances of circulation, 5, or 1.51%; psychoses with convulsive disorders (epilepsy), 3, or .90%; senile psychoses, 34, or 10.24%; involutional psychoses, 5, or 1.51%; psychoses due to other metabolic diseases, etc., 5, or 1.51%; psychoses due to new growth, 3, or .90%; psychoses with organic changes of the nervous system, 4, or 1.20%; manic-depressive psychoses, 34, or 10.24%; dementia praecox, 17, or 5.12%; paranoia and paranoid conditions, 8, or 2.40%; traumatic psychoses and psychoses with mental deficiency, each 2, or .60%; and 1, or .30%; of each of the following: psychoses with other forms of syphilis, psychosis with other infectious disease, and psychosis with psychopathic personality. Of the 177 cases of psychosis with cerebral arteriosclerosis dying in the hospital during the year, death was due in 67, or 37.85%, to diseases of the myocardium; in 55, or 31.07%, to arteriosclerosis; and in 41, or 23.16%, to bronchopneumonia. Of the 34 cases of senile psychosis, death was due in 14, or 41.18%, to diseases of the myocardium; in 7, or 20.60%, to arteriosclerosis; and in 10, or 29.41%, to bronchopneumonia. Of the 34 cases of manic-depressive psychosis, death was due in 5, or 14.71%, to tuberculosis of the respiratory system; in 6, or 17.65%, to diseases of the myocardium; in 4, or 11.77%, to arteriosclerosis; and in 7, or 20.60%, to bronchopneumonia. Of the 17 cases of dementia praecox, death was due to tuberculosis of the respiratory system in 3, or 17.65%; to cancer and other malignant tumors in 3, or 17.65%; to diseases of the myocardium in 5, or 29.41%; to arteriosclerosis in 3, or 17.65%, and to bronchopneumonia in 2, or 11.77%.

Of the 332 patients dying in the hospital during the year, the total duration of hospital residence was as follows: less than one year, 202, or 60.84%, one to three years, 45, or 13.55%, three to five years, 22, or 6.63%; five to seven years, 12, or 3.61%; seven to nine years, 11, or 3.31%; nine to eleven years, 6, or 1.81%; eleven to fifteen years, 9, or 2.71%; fifteen to twenty years, 8, or 2.41%; and twenty years and over, 17, or 5.12%.

The psychoses represented by the 2,409 patients in the hospital on September 30, 1936, were as follows: psychoses with syphilitic meningo-encephalitis, 79, or 3.28%; psychoses with other forms of syphilis, 8, or .33%, psychosis with epidemic encephalitis, 1, or .04%; psychoses with other infectious diseases, 3, or .12%; post-infectious psychosis, 1, or .04%; alcoholic psychoses, 170, or 7.05%; psychoses due to drugs, etc., 2, or .08%; traumatic psychoses, 9, or .37%; psychoses with cerebral arteriosclerosis, 250, or 10.38%; psychoses with other disturbances of cir-

ulation, 2, or .08%; psychoses with convulsive disorders (epilepsy), 38, or 1.58%; senile psychoses, 82, or 3.40%; involuntional psychoses, 36, or 1.49%; psychoses due to other metabolic diseases, etc., 11, or .45%; psychoses due to new growth, none; psychoses with organic changes of the nervous system, 20, or .83%; psychoneuroses, 17, or .70%; manic-depressive psychoses, 506, or 21.00%; dementia praecox, 735, or 30.51%; paranoia and paranoid conditions, 231, or 9.59%; psychoses with psychopathic personality, 29, or 1.20%; psychoses with mental deficiency, 158, or 6.56%; and undiagnosed psychoses, 8, or .33%. Thirteen, or .54%, were without psychosis.

The average duration of hospital residence, during the present admission, of all cases in the hospital on September 30, 1936, classified according to psychoses, was as follows: psychoses with syphilitic meningo-encephalitis, 4.47 years; psychoses with other forms of syphilis, 9.82 years; psychoses with other infectious diseases, 1.48 years; alcoholic psychoses, 9.28 years; psychoses due to drugs, etc., .45 years; traumatic psychoses, 15.93 years; psychoses with cerebral arteriosclerosis, 2.69 years; psychoses with other disturbances of circulation, .97 years; psychoses with convulsive disorders (epilepsy), 7.41 years; senile psychoses, 4.12 years; involuntional psychoses, 8.41 years; psychoses due to other metabolic diseases, etc., 4.39 years; psychoses with organic changes of the nervous system, 5.48 years; psychoneuroses, 2.24 years; manic-depressive psychoses, 5.99 years; dementia praecox, 14.93 years; paranoia and paranoid conditions, 7.40 years; psychoses with psychopathic personality, 6.83 years; psychoses with mental deficiency, 9.20 years; and undiagnosed psychoses, 4.10 years. The average duration of hospital residence of the cases without psychosis was 6.48 years.

The general information relating to the ward service shown in the following table should be of interest:

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Percentage</i>
Average daily population	972.72	1,384.71	2,357.43	100.00
In bed	116.22	180.93	297.15	12.60
In restraint	4.19	28.51	32.70	1.39
In seclusion	4.15	14.77	18.92	.80
Congregate dining room	797.40	716.94	1,514.34	64.24
Eating in wards	175.32	667.77	843.09	35.76
Fed by nurses	13.37	106.05	119.42	5.06
Idle	444.26	711.34	1,155.60	49.02
Employed	528.46	673.37	1,201.83	51.98
Parole of grounds	115.95	9.88	125.83	5.33
Out for exercise	853.49	512.84	1,366.33	57.96
Noisy	57.82	292.20	350.02	14.85
Violent	—	31.97	31.97	1.36
Destructive	24.05	197.88	221.93	9.41
Soiled or wet	100.56	227.83	328.39	13.93
Taking medicine	53.89	37.45	91.34	3.88
Epileptic	14.00	19.00	33.00	1.40
Tuberculous	22.87	40.14	63.01	2.67
Infirm	367.38	462.69	830.07	35.21

The average daily population for the entire year is represented in the percentages given above, that is: the average daily number of patients in bed was 297.15, or 12.60% of the average daily number of patients in the wards of the hospital for the year, and the average daily number employed was 1,201.83, or 51.98% of the same average daily population. The fact that over 35% of the population of this hospital is of the infirmary type should be noted when considering the number of patients out for exercise and the percentage employed in useful occupations.

GENERAL HEALTH OF THE HOSPITAL

The general health of the patients and employees has been good throughout the year, with the exception of the usual grippe colds among both patients and employees during March and April. Dr. Tryon, senior physician, fell and sustained a Colles' fracture of the right wrist the latter part of January and was disabled for about a month. On February 1st, Dr. Schube, senior physician, was operated for removal of gall stones, and made an uneventful recovery. In December a patient in

West F-1 was found to have scarlet fever and was treated at the Boston City Hospital South Department, returning to this hospital after about a month. No other cases developed. There were three isolated cases of diphtheria during the year, one a patient in Ward 3 of the Psychiatric Clinic. She was sent to the South Department of the Boston City Hospital, and made a good recovery. All of the patients and employees in this ward were given the Schick test and all those who showed positive reactions were given antitoxin treatment. No further cases developed. The other two were employees on the ward service, both of whom were sent to the Boston City Hospital for treatment. One made a satisfactory recovery, and returned to duty at the hospital, while the other went home after several weeks of treatment and resigned from the service later. In February an institution porter was off duty for a week because of a septic sore throat, and in May a psychiatric nurse suffered a severe attack of measles. Both of these employees were treated at the Boston City Hospital.

There has been the usual number of minor injuries to patients during the year, and fractures of bones have resulted from accidental falls of feeble and aged patients. Reports of all of these occurrences have been made to the Department of Mental Diseases and to the Board of Trustees.

All accidental injuries of any kind suffered by employees have been reported in the usual form to the Department of Industrial Accidents.

Examinations for Wassermann reaction have been made for us, as in the past several years, by the State Department of Public Health, as follows: blood serum, 896 (21 Wassermann and 875 Hinton), and cerebrospinal fluid, 178, making a total of 1,074 examinations. During the year, 820 treatments for neurosyphilis were given to 65 patients — an average of 12.62 treatments per patient. A full account of this work is given elsewhere.

EMPLOYEES

On September 30, 1935, there were 591 persons employed in the hospital. During the year, 348 were appointed, 208 resigned, and 17 were discharged; 939 employees occupied 734.25 positions — a rotation of 1.28. The average daily number of all employees was 709.57, and the average daily number of ward employees, 447.71. Figured on the average daily authorized quota, 686.86 for all employees and 385.06 for ward employees, this represents an average daily excess for the year of 3.31% for all employees and 16.27% for ward employees. This is misleading, however, owing to the fact that 160 additional employees required for the operation of the 48-hour-a-week schedule and employed by instructions from the Department were not added to the official authorized quota until December 1st. Inasmuch as the new schedule was put into effect on October 25, 1935, and some employees were engaged even previous to that time, the excess occurred early in the year. The ratio of ward employees to patients was one to 5.27, and of all employees, one to 3.31. On September 30, 1936, 734 persons were employed in the hospital. After a full year's operation of the new schedule, we find that it has added 170 employees to the authorized quota, at a total cost of nearly \$170,000 for the year, for personal services only, the additional cost for food and laundry not being covered by any additional appropriation.

The total number of visits to patients during the year was 84,452, the maximum number on one day being 1,243. Considerable attention from the attendants and nurses is required for this large number of visitors.

MEDICAL SERVICE

On April 27, 1936, Dr. Sirkka E. Vuornos an assistant physician at this hospital since May 1, 1931, resigned to be married. This vacancy was filled by the appointment on July 1, 1936, of Dr. Beatrice R. Kershaw. Dr. Kershaw was born in Centreville, R. I., and is a graduate of the Methuen High School, Methuen, Mass. She received the degrees of A.B. from Brown University in 1922, M.A. from Boston University in 1932, and M.D. from the Boston University School of Medicine in 1935. She served as intern for three months in the summer of 1934 at the Metropolitan State Hospital, and completed a twelve months internship at the New England Hospital for Women and Children before coming here. Dr. Alberta S. B. Guibord, who had served this hospital as assistant physician in charge of the work of the school clinic since June, 1922, died at the Newton Hospital on May

27, 1936, after a brief illness. During the fourteen years of her association with the school clinics of this hospital she gave generously of her interest and energy, and was painstaking and conscientious in her application to the detail involved in this work. Her keen perception of problems and kind understanding made her decisions and recommendations especially valuable, and her cheerful, buoyant personality will long be remembered by those who worked with her. On August 17, 1936, Dr. Constance G. Hartwell was appointed assistant physician to carry on this work, and the position was made a full-time instead of a half-time appointment. Dr. Hartwell was born in Springfield, Mass. She received the degree of A.B. in 1932 from the Boston University College of Liberal Arts and graduated from the Boston University School of Medicine in 1935. She had some training at the Worcester State Hospital as a fourth-year student during the month of November, 1934, and completed a twelve months general rotating internship at the Massachusetts Memorial Hospitals just previous to assuming her duties here. On September 1, 1936, Dr. Benjamin Margulois, who was appointed assistant physician on October 22, 1934, resigned to accept an appointment at the State Hospital for Mental Diseases at Howard, R. I. To fill this vacancy Dr. Stephen Wolanske was appointed assistant physician on November 1, 1936. Dr. Wolanske was born in Gardner, Mass. He received the degree of B. A. at St. John's College, Annapolis, in 1931, and his medical degree from Tufts College Medical School in 1935. He served as intern at the Worcester Memorial Hospital from May, 1935, to November, 1936. On September 14, 1936, Dr. Carl E. Trapp, senior physician, who had been a member of the medical staff since June 19, 1933, resigned to accept an appointment at the Massachusetts Memorial Hospitals. This vacancy was filled by the promotion of Dr. Harold F. Norton on October 1, 1936, from assistant physician to senior physician. Dr. Norton was appointed assistant physician on October 22, 1934. He was born in Hyde Park, Mass., attended Tufts College for one year and Boston College for one year, and received the degree of D.M.D. from Tufts College Dental School in 1925. He graduated from Harvard Medical School in 1931 and served as an intern on a rotating service at the Beverly Hospital for one year. He was an assistant physician at the Norfolk County Hospital, Braintree, Mass., and was assistant physician at the Connecticut State Hospital at Middletown from February, 1933, until his appointment here. The vacancy for assistant physician created by Dr. Norton's promotion has not been filled.

There has been no change in the list of consultants during the year. Frequent visits have been made to patients requiring surgical attention and operations performed by Dr. Irving J. Walker, Dr. Alexander J. A. Campbell, and Dr. Grace E. Rochford. Dr. William E. Preble and Dr. Albert Evans, consulting internists, have visited patients from time to time when their special advice was required. Members of the MacAusland Clinic have responded to calls frequently and performed orthopedic surgery when necessary, sometimes of a very complicated type. Dr. Myerson has examined patients having neurological problems. Dr. Place has been of considerable assistance when there has been any question of contagious disease, and Dr. Cummins has been consulted regarding treatment of skin conditions requiring attention. The routine examinations of new admissions have been made in the eye clinic, and in the ear, nose, and throat clinic, and the necessary treatments carried out. Dr. Trygve Gundersen has had charge of the eye clinic and has made 803 examinations, 799 patients and 4 employees; and Dr. Donald H. Macdonald, in charge of the ear, nose, and throat clinic, has examined 685 patients and 18 employees, a total of 703 examinations. In addition to the above, weekly visits have been made since the latter part of August by a chiroprapist, Charles H. Thorner of Quincy, and treatment given to patients who required such attention. This has been done without remuneration.

The following articles have been published during the year by members of the hospital staff, and others are in press for publication next year:

A study of the use of Coramine in dealing with the effects of barbituric acid derivatives. Dr. Purcell G. Schube. *N. E. Jour. Med.*, 214: 926-929, May 7, 1936.

Relationship between the cerebrospinal fluid sugar and blood sugar in untreated neurosyphilis. Dr. Purcell G. Schube. *Am. J. Psychiat.*, 93: 139-153, July, 1936.

The colon in mental disease. I. Dementia Praecox. Dr. Purcell G. Schube, *Am. J. Digestive Diseases and Nutrition*, 3: 528-533, October, 1936.

Caffein intoxication: report of a case the symptoms of which amounted to a psychosis. Drs. Margaret C. McManamy and Purcell G. Schube. *N. E. Jour. Med.*, 215: 616-620, October 1, 1936.

A study of four hundred juvenile delinquents. Drs. Winthrop B. Osgood and Carl E. Trapp. *N. E. Jour. Med.*, 215: 623-626, October 1, 1936.

Notes on the psychiatric knowledge of the classical era. Dr. Carl E. Trapp. *Med. Rec.*, 144: 325-326, October 7, 1936.

In February a clinic in psychiatry was given by Dr. Trapp to students from Northeastern University. Six weekly clinics in psychiatry were given in April and May to third-year students from Tufts College Medical School — one by Dr. Roy D. Halloran, and the others by Dr. Houser. Four clinics in psychiatry were given in September and October to third-year students from the Boston University School of Medicine — two by Dr. Houser, one by Dr. Osgood, and one by Dr. Norton — and five weekly clinics in November to these students — two each by Dr. Houser and Dr. LeDrew, and one by Dr. Schube. On October 30, Dr. Osgood gave a clinic in psychiatry to fourth-year students from Boston University School of Medicine. Eight clinics in neurology were given by Dr. Trapp in December, February, March, April, and May to fourth-year students from Boston University School of Medicine. Dr. Nathan H. Garrick gave a clinic in neurology on March 13 to first-year medical students from Boston University. Dr. Leo Alexander, of the research laboratory staff, gave fourteen weekly illustrated lectures on neuropathology for members of the medical staffs of the Massachusetts State Hospitals. In May, three illustrated lectures on pathological subjects were given as follows: by Dr. Tracy J. Putnam on May 4, by Dr. Houston Merritt on May 11, and by Dr. Colin P. Campbell on May 18. On February 7, Dr. Osgood gave a clinic in psychiatry to nurses from the Massachusetts Memorial Hospitals, and in April three weekly clinics in psychiatry were given to student nurses from the Cambridge Hospital, two by Dr. Osgood and one by Dr. Trapp. Dr. Lillian D. Chapman, formerly of the hospital staff, gave a clinic in psychiatry to student nurses from the New England Hospital for Women and Children on January 23rd.

Two, sometimes three, fourth-year students from the Boston University School of Medicine and two, sometimes three, fourth-year students from Tufts College Medical School have spent a month each at this hospital as interns during the school year. Two house physicians from the Peter Bent Brigham Hospital now spend four months each at the hospital, taking a course in clinical psychiatry. During the summer months, four clinical assistants were added to the staff as usual.

Throughout the year regular staff meetings have been held as usual, except during the summer months. These were all held at the Psychiatric Clinic, patients being transported for presentation one day each week from the East Group and one day each week from the other West Group wards. Monthly meetings were held at the pathological laboratory for demonstration of items of interest. An effort is made to present at these staff meetings all new admissions and all cases about to leave the hospital on visit or to be discharged.

The work of the venereal clinic was conducted during the year by Dr. Frederick LeDrew, with the assistance of Dr. Harold F. Norton and Dr. Benjamin Margulolis. Student interns from the Boston University School of Medicine and Tufts College Medical School assisted in the work and were instructed in the various phases of syphilotherapy. During the year, 509 injections of tryparsamide were given to 38 men and 11 women. One hundred and eighty-six intravenous injections of neoarsphenamine were given to 10 men and 7 women. Fifty-one intramuscular injections of bismarsen were given to 3 patients and 74 intramuscular injections of iodo-bismuthate of quinine were given to 5 during the interval between treatments with tryparsamide. Of the 50 patients diagnosed psychosis with syphilitic meningoenzephalitis, 7 died, 4 became worse, 10 showed no change, 13 were somewhat improved, and 7 were discharged from treatment, unable to profit from further therapy. Six in this group were taken home on trial visit, 5 improved and one having shown no change. Two were discharged, one improved and one remaining unchanged. In 6 patients a diagnosis of manic-depressive psychosis was made;

3 of these were manic, 2 depressed, and 2 stuporous. Four showed considerable improvement and 2 remained unchanged. Four cases, one diagnosed psychosis with mental deficiency, imbecile, 1 diagnosed psychosis associated with organic changes of the nervous system, with other brain or nervous diseases, type undetermined, 1 diagnosed alcoholic psychosis, Korsakow's psychosis, and 1 diagnosed psychosis with other forms of syphilis of the central nervous system, meningo-vascular type, remained unchanged. Considerable improvement was noted in 2 cases diagnosed respectively traumatic psychosis, post-traumatic mental deterioration, and alcoholic psychosis, other types, chronic hallucinosis. Of 2 men diagnosed psychosis with cerebral arteriosclerosis, 1 died and the other became worse. A case of psychoneurosis, psychasthenic type, was considered to be somewhat improved.

RESEARCH DEPARTMENT

The work of the laboratory under the Division of Psychiatric Research of the Department of Mental Diseases has been carried on during the year with Dr. Abraham Myerson as Director, and the following personnel: Dr. Leo Alexander, research neuropathologist; Dr. Julius Loman and Dr. Max Rinkel, associated research psychiatrists; Dr. William Dameshek, research internist; Mollie S. Levin, secretary; Gladys Howard, biochemist, succeeding Caroline Stephenson on October 1st; David Goldman, physicist; Catherine M. Burke, research pathological technician; Lila Anderson, research technician; Ruth Lambert, X-ray technician; and Ann Sharaf, volunteer worker. The report of the Director is as follows:

The work at the laboratory has continued along five main lines:

- I. The development of the autonomic pharmacology: Here we have reached a most important place. We are now able to predict results obtained in a way entirely impossible when we started our experiments. We can safely say that cholinergic stimulation, that is, stimulation by acetyl-beta-methylcholine chloride (mecholy) increases the alkalinity of the secretions of the body, such as the sweat, the tears, saliva, and the gastric juices; lowers blood pressure; increases the heart rate (this being a paradoxical result), which is explained afterwards; and dilates blood vessels probably throughout the larger part of the organism. The effect on the heart is now being studied and we have some remarkable electrocardiograms. We also know that the esterases of the body destroy and inhibit mecholy, thus putting an end to cholinergic stimulation. Physostigmin and prostigmin inhibit or destroy the esterases, so the effect of these two drugs is to enhance cholinergic activity. Thus, it is possible by using small doses to prostigmin to use smaller doses of mecholy and obtain tremendous physiological results. The pulse rate is definitely lowered when prostigmin is used together with mecholy, and this is a point of great physiologic importance and likely of therapeutic value. So far as the sympathetic drugs are concerned, we know that adrenoergic stimulation, as exemplified by adrenalin, ephedrin, and, especially in our experiments, benzedrine, tends to increase the acidity of the gastric juices, raise the blood pressure, constrict blood vessels, and in the case of benzedrine slow the heart and relax the gastrointestinal musculature, this being at present its most important therapeutic use. Whatever effect benzedrine has tends to be increased by atropin or hyoscin, since these paralyze the parasympathetic or cholinergic activities. We have obtained some very interesting results on the gall bladder which indicate strongly that benzedrine and atropin will form useful drugs for the relaxation of spasm and irritation of the gall bladder and its ducts. Of some importance directly related to psychiatry is the effect of benzedrine on fatigue and mood. This drug is quite useful in the neuroses, especially of the type in which there is gastrointestinal spasm, and particularly fatigue and depression in the morning which tends to get better as the day wears along. In this type of case, the effect is such that a better hold is obtained on the patient and his reorganization can be undertaken with more confidence both on his part and on that of the physician. In other words, by changing mood temporarily, it enables confidence to enter into the life of the patient and to make him more receptive to the injunctions and directions of the physician.

II. Micro-incineration and mineral studies: The laboratory has been busily engaged in the development of a new technique, the micro-incineration method. By the utilization of this method, now incorporated in papers in press, it is possible to state, first, that the minerals are important factors in the metabolism of the nerve cells; second, that this metabolism is highest, or at least the minerals are present in greater amount, in youth than in old age; in other words, that old age is associated with the disappearance and inactivity of minerals. Third, in certain inflammatory processes, the minerals appear to be increased in amount. In multiple sclerosis, the minerals are increased in the early phases of the pathological process; become more scanty as the plaque grows older. The iron metabolism is especially interesting in the case of thrombosis and hemorrhage. We are now engaged in a collaborative research with the Massachusetts Institute of Technology. Up to this point we have been able to make only rough qualitative studies of the mineral metabolism. They have engaged to push the work in a more scientific direction by making it possible to study the minerals qualitatively and, to a certain extent, quantitatively as well. In other words, where our micro-incineration method gives us a rough estimate of the amount of mineral and allows us to identify a few of the mineral deposits, the method now being evolved will enable us to identify ten mineral substances as well as to give a rough estimation of the amount of each mineral. This arrangement with the Massachusetts Institute of Technology is on a financial basis, and they are being paid for their work out of research funds.

III. During this past year, Dr. Leo Alexander and Dr. A. Colin P. Campbell finished a piece of work on the allergy of the nervous system, by which they have been enabled to demonstrate that when an animal is rendered sensitive to a foreign substance, that injection of that foreign substance into the brain creates far more hemorrhage and reaction than when the body has not been rendered so sensitive. This research bears importantly on certain types of encephalitis, and especially of hemorrhagic type, which have hitherto had no explanation. An important piece of work is in progress which deals with the effect upon the blood-forming organs of malnutrition and other common disorders of diet. This animal experimentation is mainly directed towards discovering the mineral changes which take place under such conditions and represent on the whole a new direction of research.

IV. The director has formulated a relationship between the neuroses and certain of the mental diseases in a paper which appeared in the September issue of the *American Journal of Psychiatry*. This formulation attempts to trace the transition between normal reaction to emotion, fatigue, frustration and desire, reactions which appear in the various types of neuroses and which finally express themselves by a transition from a neurosis to what the director calls the neuropsychoses. The neuropsychosis appears when hypochondriasis, for example, becomes somatic delusion. It appears likewise when the feeling of unreality, which is so common in the severe neurosis, passes over into falsification of reality. It manifests itself when the general attitude of the patient, "I am sick," becomes transformed into the general declaration, "I am being punished", or, in rarer instances, "I am being persecuted". During the coming year, clinical case histories showing this relationship, which is too often overlooked and has received only a very limited attention in psychiatry, will be published in the form of a monograph. The importance of this concept lies in the fact that it offers the hope that more attention to certain of the neuroses, their physiology and their psychology, will lessen the incidence of certain of the psychoses.

V. In 1934 the director was appointed by the American Neurological Association chairman of a committee to investigate the sterilization problem, and he appointed as his associates Dr. James B. Ayer, Dr. Tracy J. Putnam, Dr. Clyde B. Keeler, and Dr. Leo Alexander. In June of 1935 a report was submitted to the American Neurological Association on this subject. The reception was so enthusiastic that it was decided that it would be well to amplify the report into a book; so that it might be accessible to the general scientific public. This was done, and the book appeared in October, entitled "Eugenical Sterilization — A Re-orientation of the Problem". This report deals with the laws and shows that the compulsory laws in this country are not, or perhaps cannot be, enforced, and that laws based on voluntary selective sterilization are the ones that stand the best chance of reinforcement. The report further shows that the current statements

concerning the alleged increase of mental disease, the prolificity of the feeble-minded and of the insane and the general increasing biological damage, which is the stock-in-trade of the propaganda of the eugenists, is not at all true. When the proper corrections are made for the age of the population, it can be shown that in Massachusetts, New York, and many of the foreign countries, there has been either a decrease in mental diseases or no increase. The main place of increase is in the senile and arteriosclerotic cases, and this is due to several factors: 1, the increasing age of the population, and 2, the improvement of hospitals so that people are willing to send their old relatives to the institutions. This book further examines the studies which have been done and concludes that none of them is anywhere near the standard demanded of scientific work. It is concluded that there probably is an hereditary factor in dementia praecox and manic-depressive psychosis; that there certainly is some hereditary factor in a large number of cases of feeble-mindedness; that there is no substantial hereditary factor in epilepsy or crime, at least by the proof at the present time adduced. The committee makes certain recommendations for sterilization but mainly recommends that substantial and organized research be done in this important field of work. The propriety of including this report and book in the report of the laboratory research activities rests upon the fact that the bulk of the work done by this committee was done by the director and by Dr. Leo Alexander, aided by the secretary of the research division, Miss Mollie S. Levin.

Altogether it has been an exceedingly fruitful year. This is due to the fact that collaboration was the keynote of the work. The staff of the hospital furnished patients and thus aided very substantially. Dr. Purcell G. Schube has become an active member of the research division. The director here voices his thanks to the superintendent and the staff of the hospital for their collaboration.

The following papers were read during the past year:

1. The Emotions. March 4, 1936, before the American Dental Society. (A. Myerson).
2. The Physiological and Psychological Effects of Benzedrine. March 19, 1936, before the Boston Society of Psychiatry and Neurology. (A. Myerson).
3. The Pharmacology of the Autonomic Nervous System. April 24, 1936, before the Boston Dispensary Medical Staff. (A. Myerson).
4. Clinical Approach to the Pharmacology of the Autonomic Nervous System. May 5, 1936, before the St. Louis Medical Society, St. Louis, Mo. (A. Myerson).
5. The Mineral Content in Cerebral Lesions as Demonstrated by the Micro-Incineration Method. May 6, 1936, before the American Psychiatric Association, St. Louis, Mo., and June 1, 1936, before the American Neurological Association, Atlantic City, N. J. (L. Alexander, A. Myerson and D. Goldman).
6. The Effects of the Sympathomimetic Drug Benzedrine on the Viscera and the Mood of Man. September 2, 1936, before the American Psychological Association at Hanover, N. H. (A. Myerson).
7. The Neuroses. September 22, 1936, before the Connecticut Medical Society. Society, New Haven, Conn. (A. Myerson).
8. Pharmacology of the Autonomic Nervous System. October 1, 1936, before the North Bronx Medical Society, Bronx, N. Y. (A. Myerson).
9. Human Autonomic Pharmacology. October 6, 1936, before the Neurological Supper Club, Harvard Medical School. (A. Myerson).
10. The Physical Side of the Neuroses. October 21, 1936, before the Academy of Physical Medicine. (A. Myerson).
11. Autonomic Pharmacology. November 6, 1936, before the Beth Israel Hospital Staff. (A. Myerson).
12. Experimental Autonomic Pharmacology of the Human Being. November 19, 1936, before the Southern Medical Association, Baltimore, Md. (A. Myerson).

The following papers were published during the year by members of the research laboratory staff:

1. Studies in the dynamics of the human cranio-vertebral cavity. *Am. J. of Psychiat.*, 92, 4: 791-815, Jan. 1936. (Julius Loman and Abraham Myerson).
2. Visualization of the cerebral vessels by direct intracarotid injection of thorium dioxide (thorotrast). *Am. J. of Roent. and Radium Therapy*, 35, 2: 188-193, Feb., 1936. (Julius Loman and Abraham Myerson).

3. Relation of trauma to mental diseases. *Am. J. of Psychiat.*, 92, 5: 1031-1038, Mar., 1936. (Abraham Myerson).
4. Effect of alterations in posture on the intra-arterial blood pressure in man. I. Pressure in the carotid, brachial and femoral arteries in normal subjects. II. Pressure in the carotid artery in arteriosclerosis, during syncope and after the use of vasodilator drugs. *Arch. of Neurol. and Psychiat.*, 35, 6: 1216-1232, June, 1936. (Julius Loman, William Dameshek, Abraham Myerson and David Goldman)
5. Benzedrine sulfate and its value in spasm of the gastro-intestinal tract. *J. A. M. A.*, 107, 1: 24-26, July 4, 1936. (Abraham Myerson and Max Ritvo).
6. Physiologic effects of benzedrine and its relationship to other drugs affecting the autonomic nervous system. *Am. J. Med. Sci.*, 192, 4: 560-574, October, 1936. (Abraham Myerson, Julius Loman, and William Dameshek).
7. Neuroses and neuropsychoses. The relationship of symptom groups. *Am. J. of Psychiat.*, 93, 2: 263-301, September, 1936. (Abraham Myerson).
8. Eugenical Sterilization. A Reorientation of the Problem. (The Committee of the American Neurological Association for the Investigation of Sterilization: Abraham Myerson, James B. Ayer, Tracy J. Putnam, Clyde B. Keeler, Leo Alexander). The Macmillan Co., New York, October, 1936.
9. Chapter I. Psychopathology. Chapter II. Conflicts and Maladjustments within the Normal Range. In "The Practitioners Library of Medicine and Surgery", edited by George Blumer, D. Appleton-Century Co., New York, 1936. (Abraham Myerson).
10. The mineral content in cerebral lesions as demonstrated by the micro-incineration method. (Abstract) *Arch. of Neurol. and Psychiat.*, 36, 3: 651-653, September 1936, (Leo Alexander, Abraham Myerson and David Goldman).
11. Error in Psychiatry. Chapter XIII in "The Story of Human Error", edited by Joseph Jastrow, D. Appleton-Century Co., New York, 1936. (Abraham Myerson).
12. Effect of benzedrine sulfate on mood and fatigue in normal and in neurotic persons. *Arch. of Neurol. and Psychiat.*, 36, 4: 816-822, October, 1936. (Abraham Myerson).

The following papers from the research laboratory are in press and will appear shortly:

1. Physiologic effects of acetyl-beta-methylcholin (mecholy) and its relationship to other drugs affecting the autonomic nervous system. *Am. J. Med. Sci.* (Abraham Myerson, Julius Loman and William Dameshek).
2. The effect of acetyl-beta-methylcholin (mecholy) on the atonic colon. *Am. J. Radiology.* (Abraham Myerson, Purcell G. Schube and Max Ritvo).
3. The mineral content in cerebral lesions as demonstrated by the micro-incineration method. *Arch. of Neurol. and Psychiat.* (Leo Alexander, Abraham Myerson and David Goldman).
4. Local anaphylactic lesions in the brain in guinea-pigs. (Leo Alexander and A. Colin P. Campbell).
5. General and local sweating produced by acetyl-beta-methylcholin chloride (mecholy). *Am. J. Med. Sci.* (Abraham Myerson, Julius Loman and Max Rinkel).
6. The autonomic pharmacology of the gastric juices. *New England J. Med.* (Abraham Myerson, William Dameshek and Max Rinkel).
7. Cysts and tumors of the cerebellar pontine angle and their relation to the lateral recesses of the fourth ventricle. *Assoc. for Research in Nervous and Mental Disease; Annual Volume, 1935*, Williams & Wilkins Co., Baltimore, Md. (Leo Alexander).

SOCIAL SERVICE DEPARTMENT

The work of the social service department has continued during the past year under the direction and supervision of Miss Florence E. Armstrong, the head social worker. One change has occurred in the regular staff, which consists of one psychiatric social worker and three assistant psychiatric social workers. Miss Marion E. Andrews, who rendered excellent service to the hospital for nearly five years, resigned to take a position in the Department of Mental Diseases at the State House on a higher Civil Service rating. Her place was filled by the pro-

visional appointment of Mrs. Vasilike Foster on September 1st. Mrs. Foster served in the United States Army during the World War as a medical social worker, and since that time has had valuable experience in hospitals in different parts of the country. She has assisted the National Red Cross on many occasions of disaster, when hurricanes, floods, tornadoes, and drought have occurred. Three students completed the course of training under the general direction of the Department of Mental Diseases. One of these married; one is living at home, unemployed; and the third is now in charge of the occupational interests and social placement of patients at the Occupational Therapy Center at City Mills. The year closes with only one new student availing herself of the course of training provided through the winter and spring. She is Miss Leila Aronen, who was graduated from Mt. Holyoke College in 1931. In considering the matter of personnel in the social service department, one is impressed as the years pass, bearing their quota of employees and students, with the great importance of personality qualifications in social workers. Civil Service lists offer individuals who supposedly commend themselves by their capacity to score high ratings in written examinations and by good physical health. Student candidates come, immature, with a college degree and a desire for practical training in some line of work. All can be trained technically, but no supervisor can beautify a metallic voice, inculcate gentleness when dealing with grief, teach tact, which is indispensable, or develop an irresponsible or unstable personality into one which will inspire confidence among those who are sick and maladjusted to life. The personality of the social worker is as important as her intellectual qualifications, yet it is too seldom taken into account by examiners. Maturity is especially desirable in hospital social workers, and we are fortunate in that respect. During the past year many occasions have arisen in which our social workers have represented the case of the hospital in relation to the care and needs of our patients most successfully. Where antagonism might have flared, a mature, tactful, unaggressive worker has gained her ends with the complete cooperation of relatives.

During the year we have, as usual, made complete social investigations in all cases admitted under Section 77 and Section 100 of Chapter 123 of the General Laws. This is done primarily to assist the physician in determining the presence or absence of a psychosis and, if present, to follow the social leads in gathering material for a diagnosis. This year eighty-six cases were studied under Section 77, and thirty-four under Section 100. About half of those under Section 77 were committed. Thirty-one criminals were returned to the court for some other social disposition of their cases, and only three needed commitment. As usual, much time and effort have been spent in locating relatives to assume responsibility for patients. Boston presents a peculiar problem in this matter. Our South End district, from which we draw many patients, is peopled largely by individuals without homes, friends or money. Nevertheless, our search in this crowded section often reveals an unsuspected friend or the existence of funds available for burial purposes. From a practical standpoint of saving money for the hospital, the department proves its worth in this field of effort. We continue to try to find time to supervise our patients on visit, but with the many demands for other forms of service this division of our work is still very much undeveloped. We need more workers for this and for other reasons. The arrangement of our hospital buildings requires workers at every strategic point, in the East Group, in the West Group, and at the Psychiatric Clinic, to handle the needs of patients under regular commitment, exclusive of observation cases. One worker could use her entire time searching the hospital for patients who are well enough to go out but who have no advocates to urge their release or to provide means of living for them in the community. This is peculiarly the task of a social worker in a large hospital. This fall we have undertaken to assist the South Boston Court with their juvenile delinquents. The law provides for a psychiatric examination, but social investigation has not been required. Our own physicians have complained of the need of social data to understand their cases and to make recommendations. At the same time, the probation officers were becoming increasingly aware of the insufficiency of case material. This brought about the present arrangement, whereby each juvenile delinquent appearing in the South Boston Court is known to the head social worker and case material is gathered and studied. As with mental disease, the causes of delinquency

are looked for in the social stresses as well as in the individual makeup. The results so far are most interesting. The cooperation of the probation office and the social agencies of South Boston is gratifying. The need of such psychiatric social service in the Court is quite obvious for intelligent disposition of cases. Since the statutes provide that this work be performed by the staffs of the mental hospitals, however, there is urgent need for increased personnel.

The following table shows the movement of patients under supervision, and the social work done during the year:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
In family care September 30, 1935	—	13	13
On visit September 30, 1935	111	121	232
On escape September 30, 1935	3	—	3
Dismissed to family care during the year	—	15	15
Went out on visit during the year	823	376	1,199
Escaped during the year	10	1	11
Admitted from family care	—	12	12
Admitted from visit	706	242	948
Admitted from escape	9	—	9
Admitted from family care and discharged	—	1	1
Admitted from visit and discharged	104	104	208
Admitted from escape and discharged	3	—	3
In family care September 30, 1936	—	15	15
On visit September 30, 1936	124	151	275
On escape September 30, 1936	1	1	2
Total number of cases considered	382	588	970
New cases	355	432	787
Renewed cases within the year	11	43	54
Renewed cases from previous years	10	55	65
Continued cases from previous year	6	58	64
Cases closed during the year	372	531	903
Cases continued to following year	10	57	67

PATHOLOGICAL LABORATORY

Dr. Naomi Raskin, who has been pathologist for several years, has carried on the work of the pathological laboratory during the past year, with the assistance of two laboratory technicians and one volunteer worker. The following is a summary of the routine work done during the year: autopsies, 262; abdominal fluid examinations, 4; ascitic fluid examination, 1; blood examinations — red counts, 172, white counts, 207, differential counts, 209, hemoglobin estimations, 172, clotting time, 1, reticulocyte count, 1; blood sugar determinations, 470; chest fluid examinations, 4; cholesterol determinations, 5; cultures, 18; gastric content examinations, 12; guinea pig inoculation, 1; icteric indices, 5; non-protein nitrogen determinations, 10; sedimentation rate determinations, 2; spinal fluid examinations, 177; spinal fluid sugar examinations, 24; sputum examinations, 103; stool examinations, 17; tissue sections — celloidin, 123; frozen, 507, autopsy, 7,475, surgical, 10; urinalyses, 1,411; and Van den Bergh tests, 2.

The number of deaths during the year was 353, 262 of which came to autopsy, making the autopsy percentage 74.22 for the year.

DENTISTRY

The dental work of the hospital has been carried on throughout the year by Dr. George S. Rileigh, resident dentist, with the aid of one dental assistant. Each patient is given a thorough examination within a few days after his admission, and his condition carefully recorded, the various items requiring attention being indicated on a chart. Continued use has been made of ether and nitrous oxide as general anesthetics in cases where a local anesthetic has been contraindicated. The use of gauze drains, curetting of diseased tooth sockets, and suturing have been the regular procedure in surgical extraction of teeth. An effort is made in this department to restore the mouth to a normal healthy condition, as far as possible. The use of condensite plates has been continued. During the year there has been a considerable increase in work done in connection with Vincent's

infection. Smears have been taken in suspicious cases, and treatment given when required. The work done in this department during the year was as follows: examinations, 1,696; extractions, 1,689; Fillings, 802; prophylaxis, 984; restorations, 769, treatments, 1,826; number of patients treated, 2,825.

PHYSIOTHERAPY AND X-RAY DEPARTMENT

The work of the physiotherapy and X-ray department, which has been of great assistance in diagnosis and treatment, has been very efficiently carried on during the year by a trained physiotherapist and X-ray technician, Miss Gertrude E. Gray, now Mrs. Moses, with no assistant. During the year 1,549 treatments were given, 1,097 to male patients and 452 to female patients. The total number of different patients treated was 75, 47 male and 28 female. The treatments were as follows: ultra violet ray, 1,019; infra red ray, 148; diathermy, 171; autocondensation, 19; sinusoidal, 97, massage, 95. The total number of X-ray examinations was 734, 475 patients and 218 employees were examined. Fluoroscopic examinations totalling 521 were made on 507 patients. I wish to commend the excellent work done in this department.

HYDROTHERAPY

During the year, the work of the hydrotherapy department has been carried on under the direction of Miss Anna M. Cox, R.N., the work in the East Group being supervised by Mrs. Helena B. Hubbard, with Mr. Frederick Baril, a trained hydrotherapist, in charge of the work in the male services. During this period, 7,671 continuous baths were given to 133 different patients — an average of 57.70 per patient, and a daily average of 20.96. There were 21,095 wet sheet packs given to 186 different patients — an average of 113.36 per patient, and a daily average of 57.64. Tonic treatments to the number of 7,336 were given to 103 different patients — an average of 71.22 per patient, and a daily average of 20.04. These treatments were as follows: salt glows, 629; saline baths, 238; hot and cold to spine, 130; Sitz baths, 670; foot baths as preparatory treatments, 10; electric light baths, 9; shampoos, 502; hair shampoos, 209; pail douches, 33; rain douches, 35; needle sprays, 2,195; fan douches, 1,628; and jet douches, 1,048. The following treatments were given to patients receiving packs in the East Group; needle sprays, 3,205; tub shampoos, 512; and hair shampoos, 512. The usual instruction was given during the year, there being 88 lessons.

SCHOOL CLINIC

During the year, the work of the school clinic was carried on under the direction of Dr. Alberta S. Guibord, with the assistance of the psychometrist, Mrs. Edith B. James. On May 27th the school clinic suffered an inestimable loss in the death of Dr. Guibord. The work of the school year was completed under Mrs. James. As in past years, considerable assistance has been given by Miss Winifred N. Ford, a specially trained teacher, of Somerville, who made the educational tests in that city, and Mrs. Ruth B. Morse, a specially trained teacher, who made the educational tests in Everett. The social service work was done by members of the hospital social service department, under the direction of Miss Florence E. Armstrong, and by Miss Rose J. Cairnes, visiting teacher from Somerville.

During the school year, 395 pupils in the public schools of Somerville and Everett were examined. The intelligence rating in these cases was as follows: superior, 1; normal, 57; dull normal, 99; borderline, 136; defective, 81; and undiagnosed, 21. The following recommendations were made: special class, 142; institution care, 17; other educational measures, 263. Pupils were referred to the clinic for the following reasons: retardation, 324; school problem, 38; behavior problem, 13; social, 1; personality, 10; physical, 4; psychiatric, 2; and others, 3. Recommendations for medical attention were made as follows: general nutrition, 135; nose and throat, 93; dental, 98; visual, 75; hearing, 18; speech, 11; cardiac, 48; orthopedic, 31; neurologic, 5; general medical, 28.

The work of the school clinic is still handicapped by the fact that much of the time of the psychometrist is devoted to Juvenile Court examinations. The school clinic receives, on the average, two and one-half of the five and one-half working days per week. In this amount of time the psychometrist cannot accomplish her

share of the school clinic work. In the past year the cities of Somerville and Everett have come to our aid by providing the services of Mrs. Ruth B. Morse and Miss Winifred M. Ford to complete the psychometric examinations. The school clinic is becoming more and more useful to the public, not only in placing school children, but also in advising upon the management of the prepsychotic and predelinquent children tested. For these reasons we feel that an adequate number of workers should be supplied, and urge the appointment of a full-time psychometrist and a full-time social worker. Dr. Constance G. Hartwell assumed the duties of assistant physician in charge of the school clinic on August 17, 1936.

TRAINING SCHOOL FOR NURSES

As in the past several years, Miss Mary Alice McMahon, R. N., Principal of the School of Nursing, has had charge of the nursing service of the hospital. In 1936, the training school for psychiatric nurses graduated twenty students. Since this school was organized, there have been sixty-two graduates, forty of whom are now employed in this hospital. Previous to this year, all applicants for this training have been High School graduates. At the present time, however, many have had only two years of High School. The course was made available last year to men as well as women, and four men will complete the training in October, 1937. There are, however, no other men in the school at the present time. The course for psychiatric nurses was made elective during the past year. The enrollment for the seventh year includes fifty-two in the junior class and fourteen in the senior class, a total of sixty-six. The practical work includes instruction and nursing care, in the wards, of patients suffering from the various types of mental disease. Special attention is given to the nursing care of patients showing symptoms of excitement, depression, confusion, suicidal and homicidal tendencies, and epilepsy. Each student receives special instruction in medical and surgical nursing, and practical work with acute and chronic bed cases. Practical instruction is also given in hydrotherapy, the preparation and serving of food, the preparation of surgical dressings, and assisting at operations, etc. Lectures, recitations, and demonstrations are held according to schedule. When the term of two years is completed, the pupils are thoroughly qualified, and they receive, if their conduct and examinations have been satisfactory, a certificate to that effect. The graduates of this course are added to the list of eligibles for promotion in the hospitals.

The systematic instruction of attendant nurses, both male and female, not enrolled in other training school classes, is being conducted along the lines prescribed by the Committee on Training Schools, representing the Department of Mental Diseases, and have received such instruction during the year. We have now in the ward service seven graduates of the Boston State Hospital Training School. Twenty-seven ward employees represent training schools of twelve other hospitals. On July 23, 1936, after long and faithful service as chief supervisor of the male ward service, Mr. Henry T. Shay, died, after an illness of several months duration. He was succeeded in the position of chief male supervisor by Mr. Hector Noel, R.N., who now has charge of the male ward service of the hospital.

OCCUPATIONS AND INDUSTRIES

The Occupational therapy department has continued throughout the year under the direction of Miss Ethel M. Anderson, head occupational therapist, with ten other occupational therapists, two at the Psychiatric Clinic, three at the East Group, three at the West Group, and one acting as director of physical education for the entire institution. At the present time there is one vacancy in the position of occupational therapist. There has been, as usual, one male attendant nurse assigned to occupational therapy in the West Group and another one could be used with profit at the Psychiatric Clinic. The average daily number of patients engaged in occupational therapy during the year was 269, with a total monthly contact of 576 different patients. Activity has been carried on with all available patients. Chronic senile female patients have had knitting, sewing, crocheting, etc., carried to them on the wards in both the East Group and the West Group; others better able to travel over the stairs, both men and women, have attended the occupational therapy classrooms in the West F and West B basements respectively for rug making, light forms of woodwork, etc. During the summer season,

all men and women unable to do more were all-day spectators at the ball games and other sports carried on by the younger and more active men of the West C and D Buildings and the Psychiatric Clinic. Groups of the chronic disturbed and semi-disturbed women also strolled about the grounds and participated in their own games and amusements — modified baseball, beanbag, and other sports. The work at the Psychiatric Clinic has been spontaneous and varied. Realizing that many of these people have asocial tendencies, a "good mixer" program has been attempted. Both male and female patients have played whist, bridge, and "monopoly", and have been engaged together in dancing, carol singing, and even dish-washing after the weekly social gatherings. Group and individual initiative have been encouraged by allowing the patients, always under careful supervision, to manage their own parties, decorating the tables, assembling the accessories, and making the bridge prizes which are awarded. Regular classes have been held as usual in the classrooms for the patients less in contact with everyday life. Other special events have been: a play, Dickens' "Christmas Carol", given by the patients at the Clinic at Christmas time; "monopoly", played with great interest by the men of West D and West G; "beano", which they had heard about but could not understand until the demonstration, by female patients in East C-2; and an old-fashioned minuet, given by the female patients of the Clinic on Field Day. Whist parties for groups in West A and West D, as well as in three buildings in the East Group, continued to be popular; four outdoor "Weenie roasts" were greatly appreciated during the summer season; a monthly two-sheet hospital paper for patients had its time of interest; a number of Hallowe'en parties were held in the East Group for those patients unable to attend the big hospital Hallowe'en dance; and a well-attended weekly gymnastic class for active female patients has been started in the East Group chapel. The estimated value of articles produced during the year was \$1,667.90 and of repairs, \$21.30 a total of \$1,689.20.

At the Psychiatric Clinic, Mr. Joseph G. Cowell of Wrentham has continued the weekly art class, inaugurated by him in November 1934, throughout the year. The total number of patients receiving the benefit of this form of treatment was 48, 16 male and 32 female. Of this number, 24 have been discharged, 7 male and 17 female. Although the proportion of those discharged to the total number treated remains about the same as during the preceding two years, certain progress has been made in recording the effects of the treatment on different types of disease, the various kinds of work produced in relation to diagnosis, and in relation to course of disease. While the data thus recorded point to very interesting and promising speculations, it would be unwise to try to draw any conclusions from the limited number of cases under observation. We are greatly indebted to Mr. Cowell for his continued active interest in this work, for which he receives no remuneration whatever.

The work of the industrial room for women has been carried on throughout the year under the direction of Miss Constance Crook. The patients are engaged in basketry, rug making, lace making, embroidery, knitting, crocheting, sewing, and mending. Some pottery work has been done during the year, also. The estimated value of the articles produced in this department during the year is \$1,372.82, and in the sewing room \$4,486.78 (a total of \$5,859.60), exclusive of mending, the value of which is estimated at \$3,701.65, making a total of \$9,561.25. Mr. James F. Hurley has continued in charge of the industrial work for the men throughout the year, as in several years past. This work consists of shoe repairing and various other repair work, the manufacture of several kinds of brushes, brooms, coat hangers hats, mattresses, pillows, and numerous other articles, and is carried on entirely in the basement of the B Building in the West Group. The estimated value of articles produced during the year is \$5,974.50, and of renovations and repairs, \$7,594.75, a total of \$13,569.25. The estimated value of all articles produced during the year is \$13,502.00 and of renovations and repairs, \$11,317.70, making a total of \$24,819.70.

OCCUPATIONAL THERAPY CENTER AT CITY MILLS, MASSACHUSETTS

The Occupational Therapy Center at City Mills has continued for another year under the general supervision and direction of Miss Florence E. Armstrong, the head social worker. With Mrs. Gay's excellent oversight, our patients have been well cared for and no case of physical illness has occurred worthy of mention. The number of patients has varied from seven to eleven. On festival occasions, Mrs. Gay has had parties for their pleasure, and every major holiday is observed with due gaiety. Miss Isabel White resigned her position in charge of the occupational therapy, much to the regret of Mrs. Gay, the patients and the supervisor. Her attitude toward her work and toward the patients, and her accomplishment, were all that we could desire. She was succeeded by Miss Izola Prohaska, who was trained last year for psychiatric social service in this hospital. Miss Prohaska has adjusted herself easily to the requirements of this position and is happily suited to dealing with our patients, either in everyday living with them or from a social service standpoint. We have continued to emphasize the Center as a social service feature, as it has logically developed that way. Often our patients are placed there for the special purpose of observing their behavior in a home, as preparation for forecasting their conduct in working homes. With this closer understanding of the patient, which cannot be obtained in the peculiar surroundings of the hospital, we have been able to make successful placements in homes and in the community. The sale of articles made by the patients, which has been going on throughout the year and which culminated in a Christmas sale this fall, brought at least \$400 to the treasury. This is used to repay the cost of materials, and permits the patients some spending money in return for their handiwork. Since we always emphasize the importance of selling our wares, there is no useless stuff produced. Due principally to the fact that the economic depression is past, our intake has been much better than in several years. People are buying again.

AGRICULTURAL ACTIVITIES FOR THE YEAR

The direction of the farm work has continued throughout the year in charge of Mr. Ralph B. Littlefield, head farmer. A total of 110.63 acres was under cultivation. This consisted of 38.25 acres devoted to gardening and 72.48 acres of meadowland. The estimated value of farm products for the year was \$15,761.19.

GENERAL OPERATIONS FOR THE YEAR

On Christmas Eve, the usual concert was given in the East Group chapel. Music was provided by a group of five, consisting of flute, cello, violin, clarinet, and piano, assisted by a soprano soloist. Religious services, both Catholic and Protestant, were held at both groups on Christmas morning, and there was the usual distribution of candy, fruit, and gifts by the occupational therapists. On account of the 48-hour-week schedule, it was necessary to omit the early morning singing of carols by nurses. A turkey dinner was served to patients and employees. On June 25, the annual Field Day for patients and employees was held at the field in the West Group. There was a program of games and athletic events, with prizes, and light refreshments. Patients from the East Group were transported by Boston Elevated busses. The Milton Post American Legion Band furnished music. As in past years, the expense was defrayed by the Employees' Club. The usual motion picture entertainments were given and occasional dances as in the past. On Thanksgiving Day a complete turkey dinner was served to both patients and employees.

Religious services have been continued throughout the year by Rev. Frederick G. M. Driscoll, Rev. Harold Cramer, Rev. Frank H. Stedman, and Rabbi Moses L. Sedar. We appreciate thoroughly their constant and active interest in the welfare of the patients.

On November 17, a transfer of 61 women patients was made, as follows: 49 to the Metropolitan State Hospital, 10 to the Grafton State Hospital, one to Monson State Hospital, and one to Medfield State Hospital.

During the year the carpenters erected 316 curtain rods in the new West Male Employees' Building and the West Office Building; constructed wind breakers outside of the Employees' Club; constructed a storm cabin to be mounted on the caterpillar tractor; renovated the floors and stairways in the West Domestic

Cottage; rebuilt the porch on the East Nurses' Home; and constructed sixty park benches for patients.

In December, the masons poured about 280 feet of curbing in front of the West Male Employees' Building, and rebuilt five brick piers; in February they repaired refrigerators in the East Kitchen, and in March refinished four ceilings in West C Building. They also constructed forty-seven manholes during the spring and summer.

The following painting was done during the year:

East Group: penthouse on roof of laundry building, interior of East A, C, E, F, and G Buildings, and industrial room, and refinishing of floors in East E and F Buildings.

West Group: Interior of West Domestic Cottage, West G Building, West Center, and Assistant Superintendent's house; interior and exterior of West B Building; exterior of Superintendent's house and exterior trim of West H Building; renovation of the West Kitchen and Dining Room Building, and an apartment in the West F Building occupied at that time by Dr. LeDrew. The flagpoles were also painted.

Emergency repairs were made to an 8-inch water feed line to the West Group. This was found to be leaking at 11:30 one night in December, in the rear of the West Staff Building.

The following work was done under the Works Progress Administration project:

East Group: The entire East Group, from East F Building to the new entrance on Paxton Street, has been regraded. The space between the nurses' home and the East Office Building has been filled in with 150,000 cubic feet of earth, thus placing this area on the same grade as the East Office Building, adding materially to the beauty of that section of the grounds. The new roadway from Paxton Street is now completed, with sidewalks and curb. This road continues around to the end of the F Building. A project has been submitted to complete this work. The northeasterly section of the East Group has been regraded. This will eliminate the spring flooding of the basement of the East Office Building.

West Group: The entire roadway facing the Employees' Building has been finished. Sidewalks have been laid and electric lamp posts erected. Due to lack of funds, we have not been in a position to wire these lamp posts. The road extending from the G Building in front of F, D, C, nurses' home, B, and A Buildings is now completed, including the regrading of the entire section from the West Kitchen and Dining Room Building. Sidewalks have been laid along the entire length of the new Tuberculosis Building, and the roadway in the front and rear has been completed.

The power house was completed and in full operation on December 30, 1935.

The West Male Employees' Building was completed April 30, 1935, and occupied on December 28, 1935. All employees have now been removed from the attics and ward buildings in the West Group. The space in the second floor of the West F Building vacated by male employees is to be used for contagious diseases, surgical, and other emergencies.

The old Fottler house, now used for clerical purposes by the Works Progress Administration, will be torn down as soon as it has served its present purpose.

The three new officers' cottages, Nos. 1, 2, and 3, were opened on December 23, 28, and 31 respectively. These cottages are occupied by Drs. LeDrew, Osgood, and Schube, and their families.

The road in the rear of these buildings was completed in December.

The erection of additional iron fencing around the grounds of the hospital was begun on December 31, and 4,210 feet was installed.

On December 23, an assistant steward was appointed for the first time at this institution.

Inspectors Atkinson and Ryan of the Department of Public Safety made an inspection of the provisions for fire protection at the hospital from January 13 to January 24.

In January the entrance to the grounds of the East Group from the American Legion Highway was widened.

During the year, sprinklers have been installed in all the ward buildings of both the East and the West Group, with the exception of the Psychiatric Clinic and the Tuberculosis Building, also in the nurses' home, chapel, bakery, storehouse, power

house, laundry, and carpenter shop, in the East Group, and the West Center, nurses' home, and Domestic Cottage in the West Group.

New controls have been installed on the continuous bath tubs in the West A Building.

The name of the attendants' cottage in the West Group has been changed officially to West Domestic Cottage, and the new building for tuberculous patients is officially designated as the Tuberculosis Building. The new building for male employees is the West Male Employees' Building, and the new building housing the offices of the West Group and certain employees is officially designated the West Office Building. The West Group medical offices were moved from the old administration building to this latter building on February 19, 1936.

Under the direction of Mr. Boyd, of the Department of Mental Diseases, the plumbers and steamfitters have set testing apparatus in the basement of the West Employees' Building for the testing of anti-scald mixing valves. This was done during the month of March.

The first patients were moved into the new Tuberculosis Building on March 17. It was impossible to occupy two small wards in the building because of the inadequate number of nurses authorized.

The stone wall around the triangle between Canterbury Street, Morton Street, and the American Legion Highway was rebuilt by W.P.A. workers during April.

The old piggery is now in process of demolition, the last pigs having been disposed of on October 19, 1936.

Anti-scald devices were installed by the plumbers and steamfitters during the summer in all the patients' buildings and the East Nurses' Home, the West Office Building, and the West Male Employees' Building.

A small garage was constructed in the West Group near Canterbury Street by the carpenters and masons.

L. Nawn, Incorporated, was awarded the contract to repair the verandas on the East C Building, for the sum of \$1,485. This work was completed on October 18, 1936.

Three new trucks, a new automobile and a new ambulance were purchased during the summer.

A new ration allowance has been authorized by the Department of Mental Diseases for use in computing the food budget for the coming year.

On the morning of July 24, the East A and B Buildings and the West B Building were visited by Governor Curley.

During September, ten new electric refrigerators were installed by the electricians — four in the East Group and six in the West Group.

A contract for the installation of an employees' cafeteria in the West Kitchen and Dining Room Building was awarded in November to the Morandi Proctor Company in the sum of \$3,678, furnished and installed.

Work has been done on the Canterbury Branch of Stony Brook in the hospital grounds by the Works Progress Administration, but not on a hospital project.

On September 16, 1936, the hospital was visited by the Commissioner and Associate Commissioners of the Department of Mental Diseases, accompanied by Dr. Barrett, Assistant Commissioner, and at various times during the year representatives of the Department have made visits to the institution.

DEVELOPMENT OF THE HOSPITAL

The following list of items for special appropriations for construction to cover the needs of the hospital for the next twenty-five years was submitted to the Department of Mental Diseases:

1. Placing Electric Wires Underground, and New Steam Line from East to West Group	\$121,500
2. Assembly Hall	192,000
3. Sewage and Surface Draining System	25,000
4. Laundry Equipment	32,852
5. Three Officers' Cottages	55,000
6. Paint Shop	16,000
7. Salvage Yard	12,000
8. Industrial Building	40,000

9. Additional Story on Laboratory Building	23,000
10. Storehouse (farm equipment)	10,000
11. Remodelling Heating Plant	14,470
East G Building, \$8,970	
West A Building, \$5,500	
12. Replacement of Stucco Buildings (total for construction, \$2,364,500):	
East Group:	
a. East A Building, 76 patients	175,000
b. East E and F Buildings, 200 patients	490,000
c. East Kitchen and Dining Room Building	300,000
d. Remodelling old East D. R. Building for storage purposes	75,000
e. East Fire House	6,000
West Group:	
f. West C Building, 170 patients	435,000
g. West D Building, 170 patients	435,000
h. West Staff House	85,000
i. West Kitchen and Dining Room Building	350,000
j. Temporary addition to present West Kitchen and Dining Room Building	7,500
k. West Fire House	6,000
13. Razing all stucco buildings	60,000
 Total	 \$2,966,322

Placing Electric Wires Underground, and New Steam Line from East to West Group: — Electric current is generated at the East Group and the wiring for this group of buildings is now underground. The high tension current for the West Group, one mile distant, is carried by overhead wires on wooden poles. This line crosses Morton Street, a much traveled highway. It is necessary to renew poles constantly, and during stormy weather in the winter the line breaks frequently, causing the major part of the institution to be in darkness. This is a very serious condition because there are over seventeen hundred infirm, sick, and disturbed patients occupying buildings in this Group. The crossing of the highway by this line is a potential danger to the public, and perhaps a greater danger to the patients who work in the grounds and fields through which this line runs. If the line were underground, all of these risks would be avoided.

The West Group is now supplied with steam through two mains, forming a loop. One of these is an 8-inch supply with a 3-inch return, while the other is a 6-inch supply with a 2½-inch return. Owing to the development of the institution and the increase in the number of buildings in the West Group, the present steam mains are somewhat overloaded for safe and economical operation. If there is any interruption of service in the 8-inch main (and this has occurred at various times in the past), the 6-inch line is not large enough to supply steam for heating, hot water, cooking, etc., during the winter. The return line is not large enough to carry the water condensation if one return is out of commission. Supplying heat for the 1,700 patients and 200 employees of the West Group is a matter of vital importance, and a new steam main should be put in, running directly from the power house in the East Group to the West Group, at the earliest possible opportunity. This would involve two items, as follows:

New trunk line from power house to Pit No. 18	\$55,000
Future extensions to Pits No. 12 and No. 20	17,250
 Total	 \$72,250

Assembly Hall. — This is probably the only institution in the State that has no centrally located assembly hall for the use of patients. We have a small chapel in the West Group which accommodates approximately 225 patients, in a group housing over 1,700. This takes up space which is badly needed for other purposes, and it was built at a time when the West Group cared for about 300 patients. There is a small chapel building in the East Group, which is large enough for that part

of the hospital alone, but is not adequate to the needs of the entire institution, with a population of over 2,300. The result of this arrangement is that a large number of our patients have to be brought over after dark from the West Group to the East Group for moving picture shows, dances, and other entertainments. Very frequently this results in escapes, the ward employees being unable to keep track of so many patients on the grounds, which are not adequately lighted on the way from the East Group to the West. Owing to these circumstances, there is a large number of patients who never have any opportunity to go to our entertainments at all. This state of affairs should be remedied by the erection of a centrally located assembly hall on the grounds of the West Group, — one which will be of sufficient size for 1,200 people. It should, of course, be large enough to accommodate all the patients who can be taken to entertainments.

Since the adoption of the 48-hour-a-week schedule, the number of employees in the West Group has increased from approximately 340 to 470. The facilities of the chapel are not adequate to the proper arrangements for religious services as desired by the priest. It has been necessary temporarily to hold two masses on Sunday morning instead of one. This complicates the situation seriously, not only for the priest, but for the hospital.

Sewage and Surface Draining System. — The sewage system of the hospital is antiquated, and extensive changes should be made at as early a date as possible. There never has been any surface draining system, the drain pipes around the various buildings running out to the adjoining lower levels of the hospital property. These should all be connected up into one system and empty into the Canterbury Branch of Stony Brook. The new buildings in the development of the hospital render these changes very necessary.

Laundry Equipment. — The following laundry equipment is very badly needed:

Shirt unit:

2 cuff presses at \$250	\$500
1 collar and neckband press	250
1 body and bosom press	850
1 sleeve form press	125
1 finishing table	57

Presses:

Four (4) air-driven presses as follows:

2 No. 55 presses at \$650	1,300
2 No. 5133 presses at \$525	1,050

Ironer:

1 6-roll 120-inch ironer complete with Hamilton spring padding and full vacuum features.	8,270
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Washers:

2 washers, 48" x 84", at \$7,100	14,200
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Tumblers:

2 American dry tumblers, 42" x 90", 2 compartments, double motor driven, at \$3,125	6,250
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Total	\$32,852
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Three Officers' Cottages. — The hospital has never had adequate facilities for living quarters for members of the staff who are married and have families. Additional cottages are very badly needed, and three more are requested at an estimated total cost of \$55,000.

Paint Shop. — The present paint shop is located in the basement of the laundry building, the third floor of which is used as an industrial room. This is a violation of the laws of the State. The paint shop should be located in a separate structure and its presence in any of our existing buildings constitutes a fire menace which should be removed as soon as possible.

Salvage Yard. — The hospital has never been provided with a salvage yard. As the older buildings are torn down we have salvaged a lot of valuable lumber, but it has to stand outside subject to the summer rains and winter snows. This should all be stored where some protection can be afforded it. A salvage yard similar to those which have been provided for other hospitals during the last ten years or more is very much to be desired.

Industrial Building. — At the present time, our industrial work at the West Group is done in the basement of the women's infirmary building (West B), which has a capacity of 430 beds. The wards of this building are used for aged, infirm, and bed-ridden patients, a type which would be practically helpless in case of fire. The industrial shop in the basement beneath not only is too small for its purpose, but offers a serious fire menace in that it contains a large amount of inflammable material such as broom corn, reed, raffia, mattresses, etc. This arrangement has been criticized repeatedly by the Department of Public Safety and by the fire officials of the City of Boston. It cannot be defended, and should be remedied at the earliest possible moment. A building entirely separate from a ward building is the only satisfactory solution to this problem.

Additional Story on Laboratory Building. — With the elaboration of the research work which is going on here under the direction of the Department, it is already very obvious that a third floor should be added to the present laboratory and research building.

Storehouse (farm equipment). — This is necessary to protect the property of the Commonwealth. We have never had any place to store farm equipment, and much of it is left outside the year round, with the natural result that it deteriorates rapidly. A storehouse for this purpose would be a source of considerable economy.

Remodelling Heating Plant, East G and West A Buildings. — These buildings are heated by indirect radiation and so much dirt is blown into the wards that the cost of keeping the buildings painted is too great. Air filters should be installed in the basements, which will make the operation of these buildings much more economical.

Replacement of Stucco Buildings. — These stucco buildings have wooden floors, wooden stairways, an obsolete system of electric wiring, and cannot be provided with any adequate means of fire protection. The Fire Commissioner of the City of Boston has recommended "That all the old buildings, wooden and stucco covered, should be demolished and buildings of 1st class fireproof construction be erected in their stead. . . . These recommendations, which may appear extensive are an urgent necessity and based on the nature of the occupancy, and the character of the construction which is hardly fit for persons of normal physical and mental conditions." These buildings constitute a fire menace and should, in justice to our patients, be removed and replaced by fireproof structures. They house over 600 patients. One of the worst of the old stucco buildings is the old West Group Office Building, now known as the West Center. Like all the others, it has wooden stairways and wooden floors. In replacing this building it will be desirable to build a West Group Staff House which will furnish kitchen and dining room facilities for all of the doctors of the West Group except those who will occupy cottages. It should also have accommodations for 4 physicians and 6 interns.

The West Group Kitchen and Dining Room Building has never been satisfactory. It would be very desirable to furnish cafeteria service to the patients who are eating in that place. As a part of the general replacement of the stucco buildings, a new Kitchen and Dining Room Building should be erected where the present West Group Center (formerly the old office building) is now located. Such an arrangement would make it possible for the male patients to go in through tunnels from both the West C and the West D Buildings.

When the old West Group office building is torn down, it will be necessary to provide accommodations for 50 employees eating there. This can be done in the form of a temporary structure which can be removed when the new kitchen and dining room is completed, if this program is carried out.

The removal of the old administration building in the East Group has made it possible now to build a new Kitchen and Dining Room Building which can be connected by means of tunnels with the East F and East A Buildings. This would put the kitchen and dining room building in a place where it should be. The present building has never been entirely satisfactory. It would also make it possible to remodel the existing Kitchen and Dining Room Building for the purpose of furnishing additional storage capacity adjoining the old storehouse. This is something that has been very badly needed for years. It has been necessary to store things in the basements of buildings — an undesirable arrangement which should be done away with as soon as possible. The old kitchen and dining room

building would lend itself very effectively to this plan and would furnish excellent storage capacity in a place where it is needed.

Two small brick buildings, one for the East and one for the West Group, should be built to house the fire equipment which is very necessary for the protection of the hospital property.

Razing All Stucco Buildings. — The sum of \$60,000 should be provided for razing all of the old stucco buildings as the new ones are finished.

Respectfully submitted,

JAMES V. MAY,

Superintendent.

VALUATION

November 30, 1936
REAL ESTATE

Land, 224.66 acres	\$974,100.00
Buildings and betterments	3,892,555.80
	<hr/>
	\$4,866,655.80
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PROPERTY PROPERTY	
Travel, transportation and office expenses	\$673.18
Food	12,007.63
Clothing and materials	35,447.18
Furnishings and household supplies	295,377.70
Medical and general care	17,436.54
Heat and other plant operation	8,172.71
Farm	9,179.40
Garage and grounds	12,883.93
Repairs	9,864.92
	<hr/>
	\$401,043.19
<hr/>	
SUMMARY	
Real estate	\$4,866,655.80
Personal property	401,043.19
	<hr/>
	\$5,267,698.99

FINANCIAL STATEMENT

To the Department of Mental Diseases:

I respectfully submit the following report of the finances of this institution for the year ending November 30, 1936.

STATEMENT OF EARNINGS

Board of Patients	\$86,092.87
Personal Services	297.00
Sales:	
Travel, transportation and office expenses	\$141.92
Food	150.32
Furnishings and household supplies	9.13
Medical and general care45
Repairs ordinary	75.99
Farm (1 boar, \$5.00; 1 horse, \$50.00; 31 pigs, \$62.00)	117.00
	<hr/>
Total Sales	494.81
Miscellaneous:	
Rents	\$40.00
Interest on Patients' Fund	93.04
	<hr/>
Total Miscellaneous	133.04
	<hr/>
Total earnings for the year	\$87,017.72
Total cash receipts reverting and transferred to the State Treasurer	87,017.72

MAINTENANCE APPROPRIATION

Balance from previous year, brought forward	\$28,880.60
Appropriation, current year	1,108,260.00
	<hr/>
Total	\$1,137,140.60
Expenditures as Follows:	
Personal services	\$648,945.12
Food	194,419.94
Medical and general care	24,744.37
Religious instruction	2,080.00
Farm	4,984.88
Heat and other plant operation	82,626.75
Travel, transportation and office expenses	7,987.34
Garage and grounds (garage \$6,215.67; grounds \$5,067.51)	11,283.18
Clothing and materials	24,946.16
Furnishings and household supplies	34,275.56
Repairs ordinary	14,519.00
Repairs and renewals	14,031.45
	<hr/>
Total Maintenance expenditures	\$1,064,843.75
	<hr/>
Balance of maintenance appropriation, November 30, 1936	\$72,296.85

SPECIAL APPROPRIATIONS

Balance December 1, 1935, brought forward		\$308,917.16
Appropriations for current year		31,500.00
Total		\$340,417.16
Expended during the year (see statement below)	\$218,139.15	
Deductions made on appropriations	47,336.00	
		265,475.15
Balance November 30, 1936, carried to next year		\$74,942.01

APPROPRIATION	Act or Resolve Yr. Chap.	Total Amount Appropriated	Expended during fiscal year	Total Expended to date	Balance at end of year
Reception building, equip- ment	1931-268	\$400,000.00	—	\$399,356.10	\$643.90
Mass. State Project No. M-2 Docket 960, power plant		422,000.00	\$47,425.83	381,165.80	40,834.20
Mass. State Project No. M-4 Docket 959, male employees' building		245,170.04	2,286.44	245,170.04	—
Mass. State Project No. M-5 Docket 976, employees' and officers' building		133,461.64	1,211.85	133,461.64	—
Mass. State Project No. M-29 Docket 1944, laboratory and mortuary building		72,500.00	3,275.21	64,489.85	8,010.15
Mass. State Project No. M-3 Docket 2658, tuberculosis pavilion		173,000.00	13,534.07	171,817.88	1,182.12
Mass. State Project No. M-6 Docket 2065, three officers' cottages		52,000.00	3,858.32	46,954.81	5,045.19
Mass. State Project No. M-4A and M-5A, Docket 1991, furniture and equipment, M-4 and furn. and equip. M-5		43,000.00	41,795.28	42,404.10	595.90
Iron fence	1935-249	13,000.00	8,649.65	8,686.91	4,313.09
Mass. State Project No. M- 111 Docket 1151, sprinklers		79,000.00	66,632.76	66,712.80	12,287.20
Laundry equipment	1936-304	1,500.00	—	—	1,500.00
Materials for WPA Projects	1936-304	30,000.00	29,469.74	29,469.74	530.26
		\$1,664,631.68	\$218,139.15	\$1,589,689.67	\$74,942.01

PER CAPITA

During the year the average number of patients has been, 2,387.173

Total cost of maintenance, \$1,064,843.75

Equal to a weekly per capita cost of (52 weeks to year), \$8.5782

Total receipts for the year, \$87,017.72

Equal to a weekly per capita of, \$.701

Total net cost of Maintenance for year, \$997,826.03

Net weekly per capita, \$.78772

Respectfully submitted,

ROSE J. SICILIANO

Treasurer.

STATISTICAL TABLES

AS ADOPTED BY THE AMERICAN PSYCHIATRIC ASSOCIATION PRESCRIBED BY
THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

TABLE 1. *General Information*

(Data correct at end of institution year, November 30, 1936)

Date of opening as a hospital for mental diseases, December 11, 1839.

Type of hospital: State

Hospital plant:

Value of hospital property:

Real estate, including buildings \$4,866,655.80

Personal property 401,043.19

Total

Total acreage of hospital property owned, 224.66 \$5,267,698.99

Total acreage under cultivation during previous year, 110.63.

Officers and employees:

	Actually in Service at End of Year			Vacancies at End of Year		
	M.	F.	T.	M.	F.	T.
Superintendents	1	—	1	—	—	—
Assistant Superintendent	1	—	1	—	—	—
Assistant physicians	7	8	15	—	—	—
Clinical assistants	—	—	—	1	—	1
Total physicians	9	8	17	1	—	1
Stewards	1	—	1	—	—	—
Resident dentists	1	—	1	—	—	—
Pharmacists	1	—	1	—	—	—
Graduate nurses (inc. 40 gr. psychiat n.)	1	74	75	—	—	—
Other nurses and attendants	199	187	386	—	3	3
Occupational and industrial therapists	4	12	16	—	1	1
Social workers	—	5	5	—	—	—
All other officers and employees	119	109	228	1¼	—	1¼
Total officers and employees	335	395	730	2¼	4	6¼

Census of Patient Population at end of year (Classification by Diagnosis, Sept. 30, 1936):

	Actually in Hospital			Absent from Hospital but still on Books		
	M.	F.	T.	M.	F.	T.
WHITE:						
Insane	959	1,351	2,310	120	162	282
Mental defectives	2	6	8	1	—	1
Alcoholics	1	—	1	—	—	—
All other cases	4	7	11	—	1	1
Total	966	1,364	2,330	121	163	284
OTHER RACES:						
Insane	29	49	78	4	4	8
All other cases	—	1	1	—	—	—
Total	29	50	79	4	4	8
Grand Total	995	1,414	2,409	125	167	292

	M.	F.	T.
Patients under treatment in occupational-therapy classes, including physical training, on date of report	70	124	194
Other patients employed in general work of hospital on date of report	447	504	951
Average daily number of all patients actually in hospital during year	972.72	1,384.71	2,357.43
Persons given advice or treatment in out-patient clinics during year	130	91	221

TABLE 2. *Movement of Patient Population for the Year Ended September 30, 1936*
(Data in all of the following tables are based on the Statistical Year, October 1, 1935, to September 30, 1936)

	TOTAL			REGULAR COURT COMMITMENT (INSANE)			OBSERVATION			TEMPORARY CARE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books of institution September 30, 1935	1,058	1,469	2,527	1,057	1,462	2,519	-	4	4	1	3	4
Admissions during year:												
First admissions	398	338	736	300	306	606	34	12	46	64	40	104
Readmissions	67	94	161	33	59	92	19	13	32	15	22	37
Total admissions	465	432	897	333	365	698	53	25	78	79	62	141
Transfers from other mental hospitals	21	31	52	21	31	52	-	-	-	-	-	-
Total received during year	486	463	949	354	396	750	53	25	78	79	62	141
Total on books during year	1,544	1,932	3,476	1,411	1,858	3,269	53	29	82	80	65	145
Discharged from books during year:												
As recovered	40	35	75	31	27	58	4	2	6	5	6	11
As improved	81	73	154	60	62	122	2	2	4	19	9	28
As unimproved	45	51	96	18	17	35	2	2	4	25	32	57
As without psychosis	58	35	93	3	2	5	38	17	55	17	16	33
Total discharged to community	224	194	418	112	108	220	46	23	69	66	63	129
Transferred to other mental hospitals	11	13	24	11	13	24	-	-	-	-	-	-
Died during year	189	164	353	172	160	332	4	2	6	13	2	15
Total discharged, transferred and died during year	424	371	795	295	281	576	50	25	75	79	65	144
Patients remaining on books of hospital at end of year:												
In hospital	995	1,414	2,409	991	1,410	2,401	3	4	7	1	-	1
On parole or otherwise absent	125	167	292	125	167	292	-	-	-	-	-	-
Total	1,120	1,581	2,701	1,116	1,577	2,693	3	4	7	1	-	1

SUPPLEMENTARY DATA

	Males	Females	Total
Average daily number of patients on books during year	1,091.91	1,540.56	2,632.47
Actually in institution during year	972.73	1,384.71	2,357.44
In family care	-	14.35	14.35
On visit	117.15	141.33	258.48
On escape	2.03	.17	2.20
Number of patients actually remaining in institution September 30, 1936:			
State	919	1,229	2,148
Reimbursing	76	185	261
Ex-service patients paid by Federal Government	1	1	2
Number of patients in family care September 30, 1936	-	15	15
State	-	15	15
Number of non-insane patients in hospital at end of institution year:			
Mentally defective	2	6	8
Others	5	8	13

TABLE 3. *Nativity of First Admissions and of Parents of First Admissions*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States ¹	165	146	311	55	61	45	54	52	47
Austria	2	1	3	4	3	3	1	2	1
Canada ²	37	37	74	46	38	36	32	26	23
China	1	1	2	—	1	—	1	1	1
Czecho-Slovakia	1	—	1	—	—	—	—	—	—
Denmark	—	1	1	—	—	—	1	1	1
England	5	11	16	6	6	4	14	15	9
Finland	—	—	—	—	1	—	—	—	—
France	—	—	—	—	—	—	1	1	—
Germany	5	—	5	11	11	9	8	8	7
Greece	3	—	3	3	2	2	—	—	—
Hungary	—	1	1	—	—	—	1	1	1
Ireland	31	64	95	90	86	82	95	94	91
Italy	20	11	31	29	29	29	18	18	18
Norway	2	1	3	2	3	2	1	1	1
Poland	2	4	6	2	2	2	4	4	4
Portugal	4	3	7	4	4	4	2	2	2
Russia	6	6	12	9	9	9	13	12	12
Scotland	2	2	4	3	5	3	1	2	1
Sweden	4	4	8	4	3	3	5	4	4
Turkey in Asia	2	—	2	2	2	2	—	—	—
Wales	—	—	—	—	—	—	1	1	1
West Indies ³	2	5	7	1	1	1	2	3	2
Other Countries	4	4	8	6	6	6	6	6	6
Unknown	2	4	6	23	27	21	45	52	44
Total	300	306	606	300	300	263	306	306	276

¹Persons born in Hawaii, Porto Rico, and the Virgin Islands should be recorded as born in the U. S.²Includes Newfoundland.³Except Cuba, Porto Rico and Virgin Islands.

TABLE 4. Age of First Admissions Classified with Reference to Nativity, and Length of Residence in the United States of the Foreign Born

AGE AT ADMIS- SION Years	NATIVE BORN										FOREIGN BORN										Nativity Unknown						
	Aggregate			Total			PARENTAGE			Total			TIME IN UNITED STATES BEFORE ADMISSION			15 years and over											
																			Aggregate			Total			PARENTAGE		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
15-19	12	10	22	12	10	22	2	1	3	4	3	4	7	16	9	4	10	12	4	8	1	1	1	1			
20-24	14	9	23	12	10	22	1	3	4	4	4	8	9	4	22	4	4	2	4	2	6	1	1	1			
25-29	16	23	39	15	17	32	2	4	6	5	11	3	1	4	10	5	11	3	1	4	2	6	1	1			
30-34	19	16	35	13	11	24	2	3	5	10	5	11	3	1	4	6	3	8	12	20	1	1	1	1			
35-39	16	13	29	10	10	20	1	3	4	6	5	11	3	1	4	8	13	21	4	2	20	1	1	1			
40-44	21	22	43	13	9	22	4	5	9	4	3	7	5	1	6	17	23	1	1	1	1	1	1	1			
45-49	18	29	47	12	12	24	3	4	7	6	3	10	3	6	9	10	11	21	6	16	22	1	1	1			
50-54	17	21	38	7	10	17	2	5	7	3	3	6	2	1	1	10	11	21	13	12	25	2	1	1			
55-59	26	22	48	13	10	23	5	1	6	8	6	14	2	1	3	13	12	25	16	13	29	1	1	1			
60-64	33	25	58	11	10	21	5	5	10	3	4	7	2	1	3	18	13	26	1	14	12	26	3	2			
65-69	41	37	78	15	11	26	6	1	7	8	3	11	1	2	2	16	18	36	1	15	16	31	3	2			
70-74	41	37	78	15	13	28	2	5	7	10	4	14	3	1	1	25	23	48	2	24	21	35	4	2			
75-79	26	31	57	10	11	21	3	5	8	4	1	5	1	2	2	35	20	35	1	11	18	29	4	2			
80-84	12	18	30	7	5	12	4	1	5	1	3	4	1	1	1	5	11	16	1	4	10	14	1	1			
85 and over	2	6	8	-	2	2	-	1	1	-	-	-	-	1	1	2	4	6	-	2	4	6	-	-			
Total	300	306	606	165	146	311	44	47	91	85	64	149	31	17	48	5	18	23	133	156	289	10	9	19	2	4	6

TABLE 5. *Citizenship of First Admissions*

	Males	Females	Total
Citizens by birth	165	146	311
Citizens by naturalization	64	45	109
Aliens	36	30	66
Citizenship unknown	35	85	120
Total	300	306	606

TABLE 6. *Race of First Admissions Classified with Reference to Principal Psychoses*

RACE	TOTAL			With syphilitic meningo-encephalitis			With other infectious diseases			Alcoholic psychoses			Due to drugs, ect.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	11	23	34	3	3	6	—	—	—	1	—	1	—	—	—
Armenian	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
English	3	13	16	1	—	1	—	—	—	2	2	—	—	—	—
German	12	8	20	—	—	—	—	—	—	—	—	—	—	—	—
Greek	3	—	3	1	—	1	—	—	—	—	—	—	—	—	—
Hebrew	12	17	29	—	—	—	—	—	1	—	1	—	—	—	—
Irish	86	108	194	2	1	3	—	—	9	5	14	1	1	2	—
Italian ¹	31	19	50	2	—	2	—	—	3	—	3	—	—	—	—
Lithuanian	2	5	7	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	4	4	8	—	—	—	—	—	1	—	1	—	—	—	—
Roumanian	1	—	1	—	—	—	—	—	1	—	1	—	—	—	—
Scandinavian ²	7	5	12	1	—	1	—	—	—	—	—	—	—	—	—
Scotch	3	4	7	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ³	3	5	8	—	1	1	—	—	—	—	—	—	—	—	—
Syrian	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	100	76	176	7	3	10	—	2	2	14	3	17	—	1	1
Race unknown	15	17	32	—	1	1	—	—	—	—	—	—	—	—	—
Total	300	306	606	17	9	26	—	2	2	30	10	40	1	2	3

TABLE 6. *Race of First Admissions Classified with Reference to Principal Psychoses — Continued*

RACE	Traumatic psychoses			With cerebral arteriosclerosis			With other disturbances of circulation			With convulsive disorders (epilepsy)			Senile psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	5	8	13	—	2	2	—	—	—	—	3	3
Armenian	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	—	—	—	2	4	6	—	—	—	—	—	—	—	—	—
German	—	—	—	6	1	7	—	—	—	1	1	—	—	—	—
Greek	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—
Hebrew	—	—	—	2	2	4	—	—	—	—	—	—	—	1	1
Irish	2	—	2	43	53	96	—	—	—	—	—	—	3	8	11
Italian ¹	—	—	—	8	5	13	—	—	—	—	—	—	2	1	3
Lithuanian	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Portuguese	1	—	1	2	2	4	—	—	—	—	—	—	—	—	—
Roumanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	—	—	3	4	7	—	—	—	1	—	1	—	—	—
Scotch	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
Slavonic ³	—	—	—	—	—	—	—	—	—	1	—	1	—	1	1
Syrian	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Mixed	—	—	—	39	24	63	—	—	—	1	1	—	4	8	12
Race unknown	—	—	—	10	10	20	1	—	1	—	—	—	1	2	3
Total	3	—	3	123	115	238	1	2	3	4	3	7	10	24	34

¹Includes "North" and "South".²Norwegians, Danes and Swedes.³Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 6. *Race of First Admissions Classified with Reference to Principal Psychoses* — Continued

RACE	Involuntal psychoses			Due to other metabolic diseases, etc.			Due to new growth			With organic changes of nervous system			Psycho-neuroses			Manic-depressive psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	4
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	5
German	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	5	8
Greek	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Irish	—	2	2	—	3	3	2	—	2	—	—	—	1	1	2	5	6	11
Italian ¹	—	—	—	—	2	2	—	—	—	1	—	1	2	1	3	12	18	30
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	6	13
Portuguese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Roumanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	—	1
Scotch	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	1	2
Slavonic ³	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	2	2
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	—	2	2	—	1	2	1	—	1	1	1	2	2	3	5	15	17	32
Race unknown	—	—	—	—	1	2	—	—	—	—	1	1	—	—	—	1	1	2
Total	—	4	4	—	5	12	3	—	3	4	3	7	5	6	11	50	65	115

TABLE 6. *Race of First Admissions Classified with Reference to Principal Psychoses* — Concluded

RACE	Dementia paracox			Paranoia and paranoid conditions			With psychopathic personality			With mental deficiency			Undiagnosed psychoses			Without psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	1	—	1	—	3	3	—	1	1	—	—	—	—	—	—	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
English	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
German	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	2	—	2
Greek	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	—	3	3	—	1	1	1	1	2	—	1	1	—	—	—	—	—	—
Irish	3	1	4	—	9	9	—	2	2	6	4	10	—	—	—	1	—	1
Italian ¹	3	—	3	1	—	1	—	—	—	3	3	6	—	1	1	—	—	1
Lithuanian	—	1	1	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
Roumanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotch	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ³	—	—	—	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	6	4	10	6	3	9	3	2	5	1	1	2	—	—	—	—	—	—
Race unknown	—	—	—	1	—	1	—	—	—	—	—	—	—	1	1	—	—	—
Total	13	11	24	10	25	35	6	6	12	11	9	20	—	3	3	4	—	4

¹Includes "North" and "South".²Norwegians, Danes and Swedes.³Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 7. Age of First Admissions Classified with Reference to Principal Psychoses

PSYCHOSES	TOTAL			15-19 years			20-24 years			25-29 years			30-34 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	17	9	26	-	-	-	-	-	-	-	1	1	2	1	3
With other infectious diseases	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	30	10	40	-	-	-	-	-	-	3	-	3	3	-	3
Due to drugs, etc.	1	2	3	-	-	-	-	1	1	-	-	-	-	-	-
Traumatic psychoses	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	123	115	238	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	4	3	7	1	-	1	-	-	-	-	1	1	-	-	-
Senile psychoses	10	24	34	-	-	-	-	-	-	-	-	-	-	-	-
Involuntary psychoses	-	4	4	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	5	7	12	1	-	1	-	1	1	-	1	1	-	2	2
Due to new growth	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	4	3	7	1	-	1	-	-	-	-	1	1	-	-	-
Psychoneuroses	5	6	11	-	1	1	1	-	1	2	1	3	1	2	3
Manic-depressive psychoses	50	65	115	4	6	10	7	6	13	5	11	16	9	6	15
Dementia praecox	13	11	24	1	-	1	6	-	6	2	2	4	2	4	6
Paranoia and paranoid conditions	10	25	35	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	6	6	12	1	-	1	-	1	1	1	1	2	1	-	1
With mental deficiency	11	9	20	2	3	5	-	-	-	3	3	6	1	1	2
Undiagnosed psychoses	-	3	3	-	-	-	-	-	-	-	1	1	-	-	-
Without psychoses	4	-	4	1	-	1	-	-	-	-	-	-	-	-	-
Total	300	306	606	12	10	22	14	9	23	16	23	39	19	16	35

TABLE 7. Age of First Admissions Classified with Reference to Principal Psychoses — Continued

PSYCHOSES	35-39 years			40-44 years			45-49 years			50-54 years			55-59 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	2	-	2	1	2	3	1	2	3	6	1	7	1	2	3
With other infectious diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Alcoholic psychoses	2	1	3	5	-	5	6	2	8	4	2	6	3	3	6
Due to drugs, etc.	-	-	-	-	-	-	1	-	1	-	1	1	-	-	-
Traumatic psychoses	-	-	-	1	-	1	1	-	1	1	-	1	-	-	-
With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	1	4	5	13	7	20
With other disturbances of circulation	-	-	-	-	-	-	1	2	3	-	-	-	-	-	-
With convulsive disorders (epil.)	1	-	1	1	1	2	-	-	-	-	-	-	-	-	-
Senile psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Involuntary psychoses	-	-	-	-	2	2	-	-	-	-	1	1	-	1	1
Due to other metabolic diseases, etc.	-	-	-	-	-	-	-	3	3	1	-	1	1	-	1
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
With organic changes of nervous system	-	-	-	-	-	-	1	-	1	1	-	1	1	1	2
Psychoneuroses	-	1	1	-	-	-	1	-	1	-	1	1	-	-	-
Manic-depressive psychoses	5	8	13	6	7	13	4	10	14	1	6	7	5	3	8
Dementia praecox	1	2	3	1	2	3	-	-	-	-	-	-	-	-	-
Paranoia and paranoid conditions	2	-	2	4	5	9	-	7	7	1	5	6	-	2	2
With psychopathic personality	-	1	1	-	1	1	2	2	4	-	-	-	-	-	-
With mental deficiency	2	-	2	1	1	2	-	1	1	1	-	1	1	-	1
Undiagnosed psychoses	-	-	-	-	1	1	-	-	-	-	-	-	-	1	1
Without psychoses	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
Total	16	13	29	21	22	43	18	29	47	17	21	38	26	22	48

TABLE 7. *Age of First Admissions Classified with Reference to Principal Psychoses — Concluded*

PSYCHOSES	60-64 years			65-69 years			70-74 years			75-79 years			80-84 years			85 years and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis . . .	1	-	1	-	-	-	3	-	3	-	-	-	-	-	-	-	-	-
With other infectious diseases . . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses . . .	3	1	4	-	-	-	1	-	1	-	1	1	-	-	-	-	-	-
Due to drugs, etc. . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis . . .	17	14	31	26	18	44	31	24	55	22	27	49	11	16	27	2	5	7
With other disturbances of circulation . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy) . . .	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Senile psychoses . . .	1	3	4	2	3	5	2	11	13	4	3	7	1	2	3	-	1	1
Involutional psychoses . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc. . .	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth . . .	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-
With organic changes of nervous system . . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses . . .	1	-	1	2	1	3	1	1	2	-	-	-	-	-	-	-	-	-
Dementia praecox . . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paranoia and paranoid conditions . . .	1	3	4	1	2	3	1	1	2	-	-	-	-	-	-	-	-	-
With psychopathic personality . . .	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses . . .	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total . . .	27	24	51	33	25	58	41	37	78	26	31	57	12	18	30	2	6	8

TABLE 8. *Degree of Education of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	TOTAL			Illiterate			Reads Only			Reads and Writes			Common School			High School			College			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	17	9	26	1	1	2	-	-	-	1	-	1	13	6	19	1	-	1	-	-	-	1	2	3
With other infectious diseases	30	2	32	2	-	2	-	-	-	1	-	1	21	2	23	4	-	4	-	1	2	-	1	1
Alcoholic psychoses	1	10	11	-	2	-	-	-	-	-	-	-	1	9	30	4	1	4	-	1	1	-	-	-
Due to drugs, etc.	3	2	5	1	-	1	-	-	-	1	-	1	1	1	2	-	-	1	-	-	-	-	-	-
Traumatic psychoses	123	115	238	10	13	23	1	-	1	12	6	18	55	47	102	12	5	17	3	2	5	30	42	72
With cerebral arteriosclerosis	1	2	3	-	-	-	-	-	-	1	-	1	2	3	5	-	-	-	-	-	-	1	1	2
With other disturbances of circulation	4	3	7	1	-	1	-	-	-	1	-	1	2	3	5	-	-	-	-	-	-	1	1	2
With convulsive disorders (epilepsy)	10	24	34	1	4	5	-	-	-	1	3	4	2	9	11	-	-	-	-	1	1	6	7	13
Senile psychoses	5	4	9	-	-	-	-	-	-	2	-	2	1	4	5	-	-	1	1	-	-	1	1	2
Involuntal psychoses	3	7	10	-	1	1	-	-	-	-	-	-	3	3	6	-	-	-	-	-	-	1	1	-
Due to other metabolic diseases, etc.	4	4	8	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	1	1	-
With organic changes of nervous system	5	3	8	1	-	1	-	-	-	1	1	2	1	2	3	4	4	8	-	-	-	1	1	2
Psychoneuroses	50	65	115	3	-	3	-	-	-	2	2	4	32	35	67	17	25	38	2	2	4	-	1	1
Manic-depressive psychoses	13	11	24	1	3	4	-	-	-	-	-	-	6	9	15	8	17	24	2	2	4	-	1	1
Dementia praecox	10	25	35	1	2	3	1	1	1	3	1	3	5	17	22	1	1	2	-	1	1	1	2	3
Paranoia and paranoid conditions	6	6	12	-	1	1	-	-	-	-	-	-	10	7	17	2	2	4	-	-	-	1	1	2
With psychopathic personality	11	9	20	-	1	1	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	1	1	2
With mental deficiency	3	3	6	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	1	1	2
Undiagnosed psychoses	4	-	4	-	-	-	-	-	-	-	-	-	3	-	3	-	-	-	1	-	-	-	-	-
Without psychoses	300	306	606	21	23	44	1	1	2	22	13	35	160	152	312	44	47	91	8	10	18	44	60	104
Total	300	306	606	21	23	44	1	1	2	22	13	35	160	152	312	44	47	91	8	10	18	44	60	104

TABLE 9. *Environment of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	TOTAL			0-2,499			10,000-24,999			25,000-49,999			50,000-99,999			500,000+		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	17	9	26	-	-	-	-	-	-	-	-	-	-	-	-	17	9	26
With other infectious diseases	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Alcoholic psychoses	30	10	40	-	-	-	-	-	-	-	-	-	-	-	-	30	10	40
Due to drugs, etc.	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3
Traumatic psychoses	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3
With cerebral arteriosclerosis	123	115	238	-	-	-	-	-	-	-	-	-	-	-	-	121	115	236
With other disturbances of circulation	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3
With convulsive disorders (epilepsy)	4	3	7	-	-	-	-	-	-	-	-	-	-	-	-	4	3	7
Senile psychoses	10	24	34	-	-	-	-	-	-	-	-	-	-	-	-	10	24	34
Involutional psychoses	-	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4
Due to other metabolic diseases, etc.	5	7	12	-	-	-	-	-	-	-	-	-	-	-	-	-	7	12
Due to new growth	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
With organic changes of nervous system	4	3	7	-	-	-	-	-	-	-	-	-	-	-	-	-	3	7
Psychoneuroses	5	6	11	-	-	-	-	-	-	-	-	-	-	-	-	-	6	11
Manic-depressive psychoses	50	65	115	-	-	-	-	-	-	-	-	-	-	-	-	5	6	11
Lementia praecox	13	11	24	-	-	-	-	-	-	1	-	1	-	1	-	13	11	24
Laranoia and paranoid conditions	10	25	35	-	-	-	-	-	-	-	-	-	-	-	-	10	25	35
With psychopathic personality	6	6	12	-	-	-	-	-	-	-	-	-	-	-	-	6	6	12
With mental deficiency	11	9	20	-	-	-	-	-	-	-	-	-	-	-	-	11	9	20
Undiagnosed psychoses	-	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3
Without psychoses	4	-	4	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4
Total	300	306	606	-	1	1	2	-	2	1	-	1	1	1	2	296	304	600

TABLE 10. *Economic Condition of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	TOTAL			Dependent			Marginal			Comfortable			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	17	9	26	7	2	9	9	5	14	-	-	-	1	2	3
With other infectious diseases	-	2	2	-	-	-	-	2	2	-	-	-	-	-	-
Alcoholic psychoses	30	10	40	2	2	4	24	7	31	-	-	-	4	1	5
Due to drugs, etc.	1	2	3	-	1	1	1	-	1	-	-	-	-	1	1
Traumatic psychoses	3	-	3	1	-	1	2	-	2	-	-	-	-	-	-
With cerebral arteriosclerosis	123	115	238	42	24	66	64	62	126	1	-	1	16	29	45
With other disturbances of circulation	1	2	3	-	-	-	1	1	2	-	-	-	-	1	1
With convulsive disorders (epilepsy)	4	3	7	1	1	2	3	1	4	-	-	-	-	1	1
Senile psychoses	10	24	34	4	7	11	3	10	13	-	-	-	3	7	10
Involuntary psychoses	-	4	4	-	-	-	-	4	4	-	-	-	-	-	-
Due to other metabolic diseases, etc.	5	7	12	1	-	1	3	7	10	1	-	1	-	-	-
Due to new growth	3	-	3	2	-	2	1	-	1	-	-	-	-	-	-
With organic changes of nervous system	4	3	7	3	1	4	1	2	3	-	-	-	-	-	-
Psychoneuroses	5	6	11	1	1	2	3	5	8	-	-	-	1	-	1
Manic-depressive psychoses	50	65	115	5	8	13	44	53	97	-	-	-	1	4	5
Dementia praecox	13	11	24	5	4	9	6	7	13	-	-	-	2	-	2
Paranoia and paranoid conditions	10	25	35	-	5	5	9	18	27	-	-	-	1	2	3
With psychopathic personality	6	6	12	1	-	1	5	5	10	-	-	-	-	1	1
With mental deficiency	11	9	20	2	2	4	7	7	14	-	-	-	2	-	2
Undiagnosed psychoses	-	3	3	-	-	-	-	2	2	-	-	-	-	1	1
Without psychoses	4	-	4	2	-	2	2	-	2	-	-	-	-	-	-
Total	300	306	606	79	58	137	188	198	386	2	-	2	31	50	81

TABLE 11. *Use of Alcohol by First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	TOTAL			Abstinent			Temperate			Intemperate			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	17	9	26	1	-	1	5	3	8	8	3	11	3	3	6
With other infectious diseases	-	2	2	-	2	2	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	30	10	40	-	-	-	-	-	-	30	10	40	-	-	-
Due to drugs, etc.	1	2	3	-	1	1	-	1	1	1	-	1	-	-	-
Traumatic psychoses	3	-	3	-	-	-	1	-	1	2	-	2	-	-	-
With cerebral arteriosclerosis	123	115	238	24	61	85	40	13	53	34	3	37	25	38	63
With other disturbances of circulation	1	2	3	-	1	1	1	-	1	-	-	-	-	1	1
With convulsive disorders (epilepsy)	4	3	7	2	1	3	1	2	3	-	-	-	1	-	1
Senile psychoses	10	24	34	1	10	11	5	2	7	1	2	3	3	10	13
Involuntary psychoses	-	4	4	-	2	2	-	1	1	-	1	1	-	-	-
Due to other metabolic diseases, etc.	5	7	12	2	3	5	1	3	4	1	-	1	1	1	2
Due to new growth	3	-	3	1	-	1	2	-	2	-	-	-	-	-	-
With organic changes of nervous system	4	3	7	3	2	5	1	-	1	-	-	-	-	1	1
Psychoneuroses	5	6	11	2	3	5	3	1	4	-	2	2	-	-	-
Manic-depressive psychoses	50	65	115	8	33	41	16	15	31	24	10	34	2	7	9
Dementia praecox	13	11	24	8	10	18	2	1	3	2	-	2	1	-	1
Paranoia and paranoid conditions	10	25	35	2	16	18	1	6	7	6	1	7	1	2	3
With psychopathic personality	6	6	12	2	2	4	1	3	4	3	1	4	-	-	-
With mental deficiency	11	9	20	2	6	8	3	1	4	5	1	6	1	1	2
Undiagnosed psychoses	-	3	3	-	1	1	-	-	-	-	-	-	-	2	2
Without psychoses	4	-	4	2	-	2	1	-	1	1	-	1	-	-	-
Total	300	306	606	60	154	214	84	52	136	118	34	152	38	66	104

TABLE 12. *Mental Condition of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	TOTAL			Single			Married			Widowed			Divorced			Separated			Unknown		
	TOTAL			Single			Married			Widowed			Divorced			Separated			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	17	9	26	3	—	3	9	5	14	2	3	5	—	1	1	3	—	—	—	—	—
With other infectious diseases	—	2	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	30	10	40	7	2	9	14	4	18	4	1	5	—	1	2	4	1	5	—	—	—
Due to drugs, etc.	1	12	13	1	1	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	123	115	238	34	26	60	46	16	62	34	68	102	4	3	7	4	1	5	1	1	2
With cerebral arteriosclerosis	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	—	1	1	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	4	2	6	3	1	4	4	2	6	2	1	3	—	—	—	—	—	—	—	—	—
Senile psychoses	10	24	34	4	5	9	4	2	6	2	17	19	—	—	—	—	—	—	—	—	—
Involuntary psychoses	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	5	7	12	1	1	2	3	5	8	1	1	2	—	—	—	—	—	—	—	—	—
Due to new growth	3	3	6	2	1	3	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	4	3	7	2	1	3	2	1	3	1	1	2	—	—	—	—	—	—	—	—	—
Psychoneuroses	50	65	115	28	4	32	17	27	44	3	9	12	1	1	2	1	—	—	—	—	—
Manic-depressive psychoses	13	11	24	12	8	20	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	10	25	35	5	7	12	4	12	16	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	6	6	12	3	4	7	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	11	3	14	8	2	10	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	4	—	4	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	300	306	606	118	97	215	113	82	195	46	112	158	7	10	17	15	4	19	1	1	2

[illegible]

NOTE:— Admissions and discharges do not include transfers.

TABLE 13A. *Principal Psychoses of Court Readmissions, by Sex*

PSYCHOSES	Males Females Total		
	Males	Females	Total
With syphilitic meningo-encephalitis	2	3	5
Alcoholic psychoses	3	1	4
Traumatic psychoses	1	—	1
With cerebral arteriosclerosis	4	6	10
With convulsive disorders (epilepsy)	2	1	3
Senile psychoses	1	2	3
Involuntional psychoses	1	—	1
Due to other metabolic diseases, etc.	—	2	2
Psychoneuroses	1	1	2
Manic-depressive psychoses	15	29	44
Dementia praecox	2	3	5
Paranoia and paranoid conditions	—	3	3
With psychopathic personality	1	1	2
With mental deficiency	—	6	6
Without psychoses	—	1	1
Total	33	59	92

TABLE 14. *Discharges of Patients Classified with Reference to Principal Psychoses and Condition on Discharge*

PSYCHOSES	TOTAL			Recovered			Improved			Unimproved		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	7	3	10	—	—	—	3	1	4	4	2	6
Alcoholic psychoses	15	1	16	2	—	2	11	1	12	2	—	2
Due to drugs, etc.	—	2	2	—	2	2	—	—	—	—	—	—
Traumatic psychoses	1	—	1	—	—	—	1	—	1	—	—	—
With cerebral arteriosclerosis	15	3	18	—	—	—	9	2	11	6	1	7
With convulsive disorders (epilepsy)	5	7	12	1	—	1	3	4	7	1	3	4
Senile psychoses	1	4	5	—	—	—	1	2	3	—	2	2
Involuntional psychoses	2	2	4	—	—	—	1	2	3	1	—	1
Due to other metabolic diseases, etc.	—	1	1	—	—	—	—	—	—	—	1	1
With organic changes of nervous system	—	1	1	—	—	—	1	1	—	—	—	—
Psychoneuroses	1	5	6	—	1	1	1	4	5	—	—	—
Manic-depressive psychoses	52	53	105	25	22	47	25	30	55	2	1	3
Dementia praecox	4	6	10	—	—	—	3	4	7	1	2	3
Paranoia and paranoid conditions	1	11	12	1	—	1	—	8	—	—	3	3
With psychopathic personality	3	1	4	2	1	3	1	—	1	—	—	—
With mental deficiency	2	6	8	—	1	1	1	3	4	1	2	3
Without psychoses	3	2	5	—	—	—	—	—	—	—	—	—
Total	112	108	220	31	27	58	60	62	122	18	17	35

TABLE 15. *Hospital Residence during This Admission of Court First Admissions Discharged during 1936*

PSYCHOSES	Number			Average Net Hospital Residence in Years		
	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4	2	6	.43	.41	.42
Alcoholic psychoses	14	—	14	.69	—	.69
Due to drugs, etc.	—	2	2	—	1.27	1.27
Traumatic psychoses	1	—	1	.20	—	.20
With cerebral arteriosclerosis	15	3	18	.33	.14	.30
With convulsive disorders (epilepsy)	5	5	10	.64	1.07	.86
Senile psychoses	1	4	5	.46	1.07	.95
Involuntional psychoses	2	2	4	1.22	.16	.69
Due to other metabolic diseases, etc.	—	1	1	—	.37	.37
With organic changes of nervous system	—	1	1	—	.29	.29
Psychoneuroses	1	3	4	1.50	3.02	2.64
Manic-depressive psychoses	36	40	76	1.15	.86	.99
Dementia praecox	2	2	4	1.50	3.93	2.71
Paranoia and paranoid conditions	1	8	9	.46	2.01	1.83
With psychopathic personality	3	1	4	.26	.46	.31
With mental deficiency	2	5	7	.16	2.71	1.98
Without psychoses	3	1	4	.06	.12	.08
Total	90	80	170	.78	1.20	.98

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Mental Disorders

CAUSES OF DEATH		TOTAL		With syphilitic meningo-encephalitis		With other forms of syphilis		With other infectious diseases		Alcoholic psychoses		Traumatic psychoses		With cerebral arterio-sclerosis		With other disturbances of circulation		With convulsive disorders (epilepsy)					
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
<i>Infectious and Parasitic Diseases:</i>																							
	1	1																					
Influenza	6	12													1	1	2						
Tuberculosis of the respiratory system																							
Purulent infection, septicaemia (non-pueral)	1	2														1	1						
<i>Cancer and Other Tumors:</i>																							
Cancer and other malignant tumors	5	4	9																				
Tumor (non-cancerous)		1	1												1	1							
<i>Diseases of the Blood and Blood-Making Organs</i>																							
Pernicious anemia		1	1																				
Other diseases of the blood and blood-making organs		1	1																				
<i>Diseases of the Nervous System and Organs of Special Sense:</i>																							
Cerebral hemorrhage	1	1	2																				
Cerebral embolism and thrombosis		1	1																				
General paralysis of the insane	4	3	7	4	3	7													1	1			
<i>Diseases of the Circulatory System:</i>																							
Chronic endocarditis (valvular disease)	1	1	2																				
Diseases of the myocardium	73	44	117	6	1	7									1	1	2						
Other diseases of the heart	3	—	3												2	2							
Arteriosclerosis	15	59	74	1	1	—									10	45	55						
Other diseases	—	1	1												—	—	—						
<i>Diseases of the Respiratory System:</i>																							
Bronchopneumonia (including capillary bronchitis)	49	24	73	5	5	—									29	12	41						
Lobar pneumonia	4	1	5												—	1	1						
Pleurisy		1	1												—	—	—						
Other diseases (tuberculosis excepted)	2	1	3												1	—	1						
<i>Diseases of the Digestive System:</i>																							
Diarrhea and enteritis	—	1	1																				
Appendicitis	—	1	1																				
Hernia, intestinal obstruction	—	1	1																				
Cirrhosis of the liver	—	1	1																				
Biliary calculi and other diseases of the gall bladder and biliary passages	1	—	1																				
<i>Diseases of the Genito-Urinary System:</i>																							
Gonorrhea	2	1	3																				
Nephritis (acute, chronic and unspecified)	1	2	3												1	1	2						
Diseases of the bladder (tumors excepted)																							
<i>Violence and Accidental Deaths:</i>																							
Suicide	1	—	1																				
Other external causes	1	2	3																				
<i>Ill-defined Causes of Death:</i>																							
Total	172	160	332	15	5	20	1	—	1	—	1	10	—	2	92	85	17	2	3	5	1	2	3

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Mental Disorders — Concluded

CAUSES OF DEATH	Senile psychoses			Involutional psychoses			Due to other metabolic diseases, etc.			Due to new growth			With organic changes of nervous system			Manic-depressive psychoses			Dementia praecox			Paranoia and paranoid conditions			With psychopathic personality			With mental deficiency		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
<i>Infectious and Parasitic Diseases:</i>																														
Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-			
Tuberculosis of the respiratory system.	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	2	3	5	3	-	-	-	-	-	-	-			
Purulent infection, septicaemia (non-puerperal)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-			
<i>Cancer and Other Tumors:</i>																														
Cancer and other malignant tumors	-	1	1	-	1	1	-	-	1	-	1	-	1	-	1	-	1	-	1	2	3	1	-	1	-	-	-			
Tumor (non-cancerous)	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
<i>Diseases of the Blood and Blood-Making Organs:</i>																														
Pernicious anemia	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases of the blood and blood-making organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
<i>Diseases of the Nervous System and Organs of Special System:</i>																														
Cerebral hemorrhage	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-			
Cerebral embolism and thrombosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
General paralysis of the insane.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
<i>Diseases of the Circulatory System:</i>																														
Chronic endocarditis (valvular disease)	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Diseases of the myocardium.	4	10	14	-	-	-	-	1	1	2	-	-	1	1	2	-	2	4	6	1	4	5	-	-	-	-	-			
Other diseases of the heart.	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Arteriosclerosis	1	6	7	-	-	1	1	-	-	1	-	1	1	3	4	-	1	3	4	-	3	3	-	-	-	-	-			
Other diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
<i>Diseases of the Respiratory System:</i>																														
Bronchopneumonia (including capillary bronchitis)	5	5	10	-	-	-	-	-	-	1	-	1	1	2	-	4	3	7	-	2	2	-	-	-	1	1	-			
Lobar pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	1	-	1	-	-	-	-	-	-			
Pleurisy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-			
Other diseases (tuberculosis excepted)	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-			
<i>Diseases of the Digestive System:</i>																														
Diarrhea and enteritis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Appendicitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Hernia, intestinal obstruction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Cirrhosis of the liver	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			

Biliary calculi and other diseases of the gall-bladder and biliary passages	10	24	34	1	4	5	3	2	5	3	-	3	2	2	4	18	16	34	6	11	17	5	3	8	1	-	1	-	2	2
<i>Diseases of the Genito-Urinary System:</i>																														
Nephritis (acute, chronic and unspecified)	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of the bladder (tumors excepted)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-
<i>Violent and Accidental Deaths:</i>																														
Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Other external causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
<i>Ill-defined Causes of Death</i>																														
Total	10	24	34	1	4	5	3	2	5	3	-	3	2	2	4	18	16	34	6	11	17	5	3	8	1	-	1	-	2	2

Biliary calculi and other diseases of the gall-bladder and biliary passages	10	24	34	1	4	5	3	2	5	3	-	3	2	2	4	18	16	34	6	11	17	5	3	8	1	-	1	-	2	2
<i>Diseases of the Genito-Urinary System:</i>																														
Nephritis (acute, chronic and unspecified)	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of the bladder (tumors excepted)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-
<i>Violent and Accidental Deaths:</i>																														
Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Other external causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
<i>Ill-defined Causes of Death</i>																														
Total	10	24	34	1	4	5	3	2	5	3	-	3	2	2	4	18	16	34	6	11	17	5	3	8	1	-	1	-	2	2

TABLE 17. Age of Patients at Time of Death Classified with Reference to Principal Psychoses

TABLE 11. Age by sex and kind of disease

PSYCHOSES	Total			15-19 years		20-24 years		25-29 years		30-34 years		35-39 years		40-44 years		45-49 years			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
With syphilitic meningo-encephalitis	15	5	20	-	-	-	-	-	-	-	-	-	2	-	2	1	1	3	
With other forms of syphilis	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other infectious diseases	10	1	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Alcoholic psychoses	2	10	12	-	-	-	-	-	-	-	-	-	1	-	1	1	1	1	
Traumatic psychoses	92	58	150	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With cerebral arteriosclerosis	2	3	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other disturbances of circulation	2	3	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With convulsive disorders (epilepsy)	10	24	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Senile psychoses	1	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Involitional psychoses	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Due to other metabolic diseases, etc.	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Due to new growth	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With organic changes of nervous system	18	16	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Manic-depressive psychoses	6	11	17	-	-	-	2	2	-	-	-	-	1	1	2	1	2	3	
Dementia raciosa	5	3	8	-	-	-	-	-	-	-	-	-	1	-	1	1	1	1	
Paranoia and paranoid conditions	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With mental deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	172	160	332	1	-	1	2	-	2	-	2	4	2	6	3	9	7	6	13

TABLE 18.—Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years		
	Total			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	5	20	1	—	1	3	2	5	4	—	4	2	—	2	1	1	2	2	—	2
With other forms of syphilis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	10	—	10	2	—	2	1	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Traumatic psychoses	2	—	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	92	85	177	45	24	69	30	22	52	4	5	9	1	7	8	10	14	24	—	9	1
With convulsive disorders (epilepsy)	2	3	5	1	1	2	—	1	1	1	1	2	—	—	—	—	1	1	1	—	—
Senile psychoses	10	24	34	5	2	7	3	3	6	—	—	1	1	2	3	1	5	6	—	4	4
Involutional psychoses	1	4	5	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	3	2	5	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	3	2	5	3	2	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	18	16	34	2	3	5	2	1	3	2	1	3	2	1	3	6	1	7	1	3	4
Dementia praecox	6	11	17	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	—	2	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Total	172	160	332	62	31	93	39	32	71	13	9	22	6	10	16	21	24	45	4	18	22

TABLE 18. *Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses — Concluded*

PSYCHOSES	5-6 years		7-8 years		9-10 years		11-12 years		13-14 years		15-19 years		20 years and over						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
With syphilitic meningo-encephalitis	2	1	3	-	-	-	-	-	-	-	-	1	-	-	-				
With other forms of syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
With other infectious diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Alcoholic psychoses	2	-	2	-	1	-	-	-	1	-	1	-	1	-	1				
Traumatic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
With cerebral arteriosclerosis	-	1	1	1	2	1	2	-	-	-	-	1	1	-	-				
With other disturbances of circulation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
With convulsive disorders (epilepsy)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Senile psychoses	-	2	2	2	2	-	-	-	-	1	1	-	1	1	-				
Involuntary psychoses	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-				
Due to other metabolic diseases, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
With organic changes of nervous system	-	-	-	-	-	1	-	1	-	-	-	1	1	-	1				
Manic-depressive psychoses	1	-	1	2	3	5	-	-	1	1	1	-	1	1	1				
Dementia praecox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Paranoia and paranoid conditions	1	1	2	1	1	2	1	1	1	1	1	2	4	7	11				
With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-				
With mental deficiency	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1				
Total	6	6	12	4	7	11	4	2	6	1	2	3	4	2	6	8	6	11	17

TABLE 19. *Average Length of Hospital Residence during the Present Admission of All First Admissions in Residence on September 30, 1936*

PSYCHOSES	Number			Average Net Hospital Residence in Years		
	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	26	15	41	4.82	2.55	3.99
With other forms of syphilis	3	3	6	6.50	16.16	11.33
With other infectious diseases	—	4	4	—	1.48	1.48
Alcoholic psychoses	93	26	119	8.13	7.52	8.00
Due to drugs, etc.	1	—	1	.45	—	.45
Traumatic psychoses	6	—	6	12.65	—	12.65
With cerebral arteriosclerosis	106	127	233	2.45	2.92	2.71
With other disturbances of circulation	—	2	2	—	.97	.97
With convulsive disorders (epilepsy)	11	13	24	5.95	5.34	5.62
Senile psychoses	13	61	74	4.71	4.42	4.47
Involuntional psychoses	5	17	22	6.70	5.67	5.90
Due to other metabolic diseases, etc.	—	6	6	—	3.47	3.47
With organic changes of nervous system	12	6	18	4.73	6.98	5.48
Psychoneuroses	6	7	13	2.65	2.20	2.40
Manic-depressive psychoses	104	190	294	4.38	5.31	4.98
Dementia praecox	155	173	328	12.58	15.32	14.03
Paranoia and paranoid conditions	37	147	184	4.75	7.05	6.59
With psychopathic personality	2	15	17	1.97	5.81	5.42
With mental deficiency	49	52	101	10.53	7.43	8.93
Undiagnosed psychoses	1	6	7	3.50	1.97	2.19
Without psychoses	5	3	8	1.86	13.83	6.35
Total	635	873	1,508	7.22	6.31	6.19

TABLE 19A. *Average Length of Hospital Residence during the Present Admission of All Readmissions in Residence on September 30, 1936*

PSYCHOSES	Number			Average Net Hospital Residence in Years		
	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	29	9	38	5.14	4.48	4.98
With other forms of syphilis	—	3	3	—	6.81	6.81
Alcoholic psychoses	37	14	51	11.95	13.06	12.26
Due to drugs, etc.	1	—	1	.45	—	.45
Traumatic psychoses	2	1	3	22.50	22.50	22.50
With cerebral arteriosclerosis	9	8	17	2.48	2.22	2.36
With convulsive disorders (epilepsy)	6	8	14	10.49	10.48	10.48
Senile psychoses	1	7	8	2.50	6.20	5.74
Involuntional psychoses	2	12	14	1.47	14.16	12.35
Due to other metabolic diseases, etc.	1	4	5	7.50	4.98	5.49
With organic changes of nervous system	1	1	2	7.50	3.50	5.50
Psychoneuroses	2	2	4	2.47	.45	1.46
Manic-depressive psychoses	71	141	212	6.19	8.00	7.39
Dementia praecox	163	244	407	16.57	15.05	15.66
Paranoia and paranoid conditions	7	40	47	9.78	10.74	10.60
With psychopathic personality	5	7	12	5.30	11.35	8.82
With mental deficiency	22	35	57	11.81	8.35	9.68
Undiagnosed psychoses	1	—	1	17.50	—	17.50
Without psychoses	—	5	5	—	6.68	6.68
Total	360	541	901	11.83	11.53	11.65

TABLE 20. *Family Care Statistics for Year Ended September 30, 1936*

	Males	Females	Total
Remaining in Family Care September 30, 1935	—	13	13
Admitted to Family Care during the year	—	15	15
Whole Number of Cases within the year	—	28	28
Discharged from Family Care within the year	—	13	13
Discharged outright from Family Care	—	1	1
Returned to institution	—	12	12
Remaining in Family Care September 30, 1936	—	15	15
Average Daily Number in Family Care during year	—	14.00	14.00
Supported by State	—	14.00	14.00